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The Imagery Experience of Korean GIM Therapists' Reactions toward Their Clients' Resistance

A DISSERTATION
(submitted by)

Jung Pyo Moon

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
September 15, 2020



Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

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ABSTRACT

The purpose of this research was to understand how Korean professional therapists who practice the Bonny Method of Guided Imagery and Music (GIM) understand their clients' resistance through the imagery experience.

Participants in this study were six Korean GIM therapists living and working in South Korea. Two more Korean GIM therapists were recruited to take charge of guiding a total of six participants to examine this inquiry. Each GIM guide helped three participants. All six participants and two GIM therapists were regular members of the Association for Music and Imagery and the Korean Association for Music and Imagery. The researcher used the regular member list of the Korean Association for Music and Imagery to contact participants. Two GIM therapists were recruited to take the role of GIM therapist in GIM reimagining sessions. Each of them guided three GIM reimagining sessions.

Participants took part in the GIM reimagining sessions, which were modified to fit the research inquiry. The research data were transcripts of the GIM reimagining sessions and the reflection note that participants sent via email after the reimagining session.

The findings revealed seven themes: (1) the rupture of therapeutic relationships as a form of their clients' resistance; (2) reasons why clients had been showing resistant behaviors; (3) participants' interventions to their clients' resistance (e.g., giving time and space to their clients); (4) negative feelings about client resistance; (5) how participants' imagery unfolded; (6) change in participants' perception about their clients' resistance, from a negative evaluation to the acceptance of clients' resistance as natural in the therapy process; and (7) participants' insight into their imagery experience in music, including caring for themselves and their clients.

Ultimately, the GIM reimagining sessions enabled participants to reconsider and change their perceptions about their clients' resistance. Based on the imagery experience in a GIM reimagining session, participants began to consider the mental roadblocks in their perceptions to understand their clients' resistance. Through this imagery experience, participants expanded their perceptions of clients' resistance and could evaluate how their clients' resistance had affected them as GIM therapists. The benefits of the GIM reimagining session as a self-care tool and GIM supervision tool are discussed.

Keywords: Bonny Method of Guided Imagery and Music; GIM; professional supervision; GIM reimagining technique; parallel process; resistance

CHAPTER 1

Introduction

The therapeutic alliance is a pan-theoretical concept in therapy-related literature (Urmanche et al., 2019). This popularity is mainly because the quality of the therapeutic alliance determines the quality of the therapeutic result (Horvath & Luborsky, 1993). Bordin (1979) defined *therapeutic alliance* (also known as the *working alliance*) as the cooperation of both therapists and clients to seek change in therapy sessions. Both the therapist and the client can encounter a break in the therapeutic alliance, due to the therapists' failure to empathize with their clients, the resistance from clients, or the manifestation of transference (Gelso, 2014). In this research, the focus is on the client's resistance to the therapist. More specifically, the research objective is to get the holistic picture of how Korean professional therapists understand their clients' resistance in the unfolded imagery during reimagining sessions of the Bonny Method of Guided Imagery and Music.

The Bonny Method of Guided Imagery and Music

The Bonny Method of Guided Imagery and Music (GIM) is "a music-assisted integrative therapy which facilitates explorations of consciousness that can lead to transformation and wholeness" (Association for Music and Imagery, 2017). GIM has developed and evolved through the research and practice of Dr. Helen L. Bonny. In this method, specially selected music is used to shape clients' imagery experiences.

The Association for Music and Imagery is the official GIM association with the aim to set up standards for GIM training programs and research, assess members' professional

competency, connect members internationally, and provide public outreach for the GIM field (Association for Music and Imagery, n.d.). Regarding the training program, the Association for Music and Imagery (2017) stipulates that trainees must have a “master’s degree or equivalent in a clinical mental health field (e.g., one of the creative arts therapies, clinical psychology, counseling, clinical social work, pastoral counseling)” as well as practice and supervision hours. For public outreach, AMI communicates the fundamental ideas about GIM characteristics, such as music, non-ordinary state of consciousness, and the primary form of GIM. Regarding music, AMI explains that the role of music in GIM is to “initiate movement within the individual psyche, provide structure for therapeutic work, evoke and support varied responses and reactions, and support and sustain the Non-Ordinary States of Consciousness” (Association for Music and Imagery, 2017, p. 3).

One of the distinct features of GIM is the use of a specific mode of the client’s consciousness in exploring his or her imagery. This distinct mode of consciousness is called the *non-ordinary state of consciousness* (also known as an alternative state of consciousness), which the Association for Music and Imagery (2017) defines as “qualitatively different from normative waking state experiences.” The goal of inducing clients to enter such a state of consciousness is to enable clients to prepare for and absorb music to facilitate the therapy process (Bruscia, 2019b).

Initially in the therapy setting, GIM began as a one-to-one application to explore clients’ consciousness by examining their unfolding imagery during the music-imaging phase of therapy (Clark, 2019). However, both individual and group GIM have evolved to adapt to the needs of various clinical populations by adjusting the length of the session and music, the way of using

music (e.g., programmed music sequences or spontaneous music programming), type of verbal communication, therapy goal, and theoretical orientations (Muller, 2014).

Theoretical Foundations of GIM

The fundamental theoretical backgrounds of GIM are the humanistic and transpersonal approaches (Bonny, 2002a). GIM therapists have been trying to integrate psychodynamic, cognitive-behavioral, and other theoretical frameworks into the fundamental theoretical background of GIM (Muller, 2014). Based on the findings from psychedelic-assisted psychotherapy experiments conducted at the Maryland Psychiatric Research Center (Clark, 2019), Bonny adopted the core concepts of humanistic and transpersonal psychology as an essential part of GIM. Bonny described her human-based belief regarding Abraham Maslow's self-actualization models and Carl Rogers' client-centered therapy:

We as humans are capable of exploring the depths and heights of our potentialities, and that psychological aberration may be less an illness than a growth potential, brought freedom and breadth to psychology. Adherents looked at the whole person which included the mind expanding potentials proposed by unusual experiences, altered states and the healing effects of holistic medicine. (Bonny, 2002a, p. 12)

Then, the GIM therapist may encourage the client to focus on how difficult it is to move one's body in a quicksand. This may lead the client to try to move in alternative ways. If the client came up with one's own way to escape from a quandary, that solution would be the client's symbolized way of solving real difficulties in one's life. In this vein, Bonny and GIM therapists believe that interventions based on humanistic psychology are effective in encouraging clients to find a way of solving one's life issue that led them to the therapy.

Resistance in Psychotherapy

Resistance can be defined as “any effort the client makes to avoid or impede any aspect of the therapeutic process that uncovers threatening repressed material” (Bruscia, 2019a, para. 1 of “Repression, Resistance, and Defenses”). The most crucial function of resistance is to protect clients from the fear of change (Firestone, 2015; Frank, 2012). There are many viewpoints to consider in understanding clients’ resistance. One viewpoint relates to conscious and unconscious personality. Another viewpoint is about intrapsychic and interpersonal features (i.e., the realm of resistance). Beutler et al. (2002) maintained that therapists should consider both interpersonal and intrapsychic factors. The intrapsychic perspective described the client’s repressed motives, fantasies, and thoughts as the source of his or her resistance, which belongs to the classic viewpoint about the resistance, whereas the interpersonal viewpoint considers the resistance as “a process that occurs in interactions among people” (p. 210).

There is one more variable in understanding resistance: the timeline. Resistance takes place not only during the therapy session but also between therapy sessions. The following definition of *resistance* from Van Denburg and Kiesler (2002) includes these two characteristics:

[the] moments during sessions when the patient and therapist are interacting with one another in such a way that the patient is kept from becoming aware of any covert experiences or transactional patterns that are conflictual and anxiety provoking, and/or moments during or between sessions when the patient’s interpersonal behavior sabotage the therapeutic relationship and task. (p. 197)

Considering the relativistic perspectives rather than the intrapsychic perspective, Frank (2012) maintained that therapists “can have an effect on the degree of resistance, even if only

unconsciously” (p. 429). He also suggested that psychoanalysis literature has been incorporating the effect of the therapist’s personality and gender on the client’s resistance.

Besides the therapists’ personal characteristics, the professional features of the therapist have begun to draw scholarly attention in that therapists’ competency is important in understanding clients’ resistance. One aspect of this competency can be the therapist’s attitude toward the clients’ resistance. The attitudes or reactions include the therapist’s countertransference reactions, such as sleepiness, muscular tension, and headaches (Hayes et al., 2018), as well as the directiveness of “bringing out and managing change by techniques and interpersonal demeanour” (Rautalinko, 2017, p. 601).

There was no research examining professional GIM therapists’ holistic understanding (conscious and unconscious, intrapsychic, and interpsychic) regarding clients’ resistance. The therapist’s perception and recognition of clients’ resistance can be crucial agents in determining their attitude toward their clients’ resistance. Thus, the purpose of this study is to interpret how GIM therapists holistically understand their clients’ resistance through their imagery experience. The main research questions are as follows:

RQ1: How do GIM therapists understand their clients’ resistance?

RQ2: How does GIM therapists’ imagery unfold during GIM reimaging?

RQ3: How do GIM therapists come to understand their imagery?

Chapter 2

Literature Review

This literature review includes an overview of the GIM process, the evolution of GIM, psychodynamic psychotherapy, and the psychodynamic orientations of GIM. This review also suggests how both the psychology and psychotherapy literature and GIM literature have dealt with the client's and therapist's resistance and how further insight can help therapists work with their clients and their resistance.

Therapists' Roles in Each Procedure of the Conventional GIM Sessions

The conventional GIM session proceeds in five steps: preliminary conversation, induction, music-imaging experience, return, and postlude discussion (Bruscia, 2015). The first step is the preliminary conversation, also known as the prelude, preliminary discussion, or pre-session. This step is intended "to build a line of supportive contact" with the client and "to determine what the client needs to explore and how ready the client is to do so" (Bruscia, 2015, para. 1 under "Preliminary Conversation"). The therapist in this phase is not only empathetic, gently encouraging, and supportive in listening but also encourages clients to tell their story and asks questions for clarification when needed (Grocke, 2005).

The second step is induction. The purpose of this step is "to help the client to screen out the external environment to give greater focus and attention to the client's inner environment or process" (Ventre, 2002, p. 31). The therapist plays two explicit roles and one implicit role in this step. The first is to guide clients to relax. In this phase, the client is reclining on a comfortable mat or chair (Grocke, 2005). GIM therapists facilitate the induction by adjusting their voice's dynamic range, tone, and pace to the extent of clients' progress of the relaxing process (Grocke,

2005). The second role is to remind the client of the focus, which is determined by both the therapist and the client in the previous step (Grocke, 2005). Within the therapist's implicit role, the therapist provides a physical presence to their clients by being beside the client until the end of the music-imaging step. Bonny (2002b) highlighted that the close positioning of the therapist helps clients to maintain a relationship with the outside world.

The third step of GIM is the music-imaging experience. This phase is intended to give the client a chance to “release and express feelings associated with the repressed material, as well as psychic energy required to maintain unnecessary defenses” (Bruscia, 2019a, p. 312). The GIM therapist's role includes introducing clients to the chosen music, thus enabling the client to create images spontaneously (Abbott, 2019; Clark, 2019; Short, 2019). This inspires dialogue with the client about the imagery (Grocke, 2005) and enables the therapist to record all of the client's imagery. The primary role of this phase is to facilitate the client's spontaneous imagery, which reflects positive results of GIM sessions by linking the client's body, emotion, and imaginal change (Short, 2019). In this vein, the therapist selects and plays a specific GIM music program that has a predetermined sequence of music pieces. Currently, GIM practitioners use at least 66 music programs, including Bonny's original 18 music programs (Grocke & Moe, 2015). These programs mostly consist of classical music pieces. During this stage, the client undergoes myriad inner experiences, including visual imagery like a movie and body sensations such as heaviness or unintentional movement; however, the client rarely experiences olfactory sensations or taste (Ventre, 2002). The music induces these inner experiences.

After starting the music, the therapist assumes two roles for the client during the music-imaging experience. The first role of the GIM therapist is to intervene and help the client

describe the imagery experience (Grocke, 2005). The intervention should be non-directive to enable the client's active engagement with the images (Clark, 2019; Grocke, 2005). The therapist's other role is to record the client's imagery experiences by transcribing oral reports (Bruscia, 2015). The transcript serves as the source for examining the client's imagery during the postlude discussion. To understand the client's experiences during the music-imaging phase, the therapist also records his or her interventions and significant musical events (Bruscia, 2015).

The return is the fourth step in GIM therapy. This procedure usually starts at the beginning of the final piece of music in the program (Bruscia, 2015). The purpose of this step is to help the client shift from a non-ordinary state of consciousness to an ordinary state of consciousness. At this point in the intervention, the therapist attempts to gradually sit the client up (Bruscia, 2015).

The fifth step is the postlude discussion, also known as the postlude or post-session discussion. During this step, the therapist assists the client in reviewing the narratives that unfolded during the music-imaging experience. Because the primary purpose of GIM is to explore consciousness, "the postlude also serves the vital function of continuing to assist the client to a more externally focused state" (Ventre, 2002, p. 33). To help the client visualize the imagery and to assess psychological status, the GIM therapist usually asks the client to draw a mandala (i.e., a circular art form) about the imagery experience (Grocke, 2005; Stokes-Stearns & Bush, 2018). In GIM, the mandala is used as "a projective device for visually monitoring the ongoing therapy process of patients" (Bonny & Kellogg, 2002, p. 208).

Abbott (2007) examined GIM therapists' rationales about their interventions. She asked her participants to videotape one of their GIM sessions. All six participants reviewed their GIM

session recordings and described what their moment-to-moment actions, experiences, and rationales were during the interviews with the researcher. Then, the interview data were analyzed using a phenomenological paradigm. Abbott concluded that GIM therapists' clinical intentions gave form and purpose to clients' therapeutic work but their clinical intentions did not limit or confine their clients' imagery experience. Furthermore, therapists' clinical intentions had the essential role of utilizing both of their experiences and actions in guiding their clients in a GIM session.

Therapeutic Factors of GIM

The three therapeutic factors of GIM are music, imagery, and therapist. Each therapeutic factor not only plays a critical role independently but also interacts with the other therapeutic factors to enable clients to gain insight into their therapeutic goal that they set up during the preliminary conversation. All three factors belong to the transference objects to clients in a GIM session (Muller, 2014). Clients achieve their therapeutic goals by exploring the relationships with at least one of the therapeutic factors. The relationships can be the replication of their past (Bruscia, 1998). There are other essential agents for the client to achieve therapeutic goals, such as the altered state of consciousness and the peak experience in a GIM session. This section discusses how GIM therapeutic factors, the altered state of consciousness, and the peak experience affect clients' self, including the unconscious and conscious realms.

Music and the Altered State of Consciousness in GIM Sessions

Music is an essential therapeutic medium in GIM, as it encourages clients to let go of their standard controls and more profoundly explore their unconscious state. It is a more effective tool than words in limiting resistance to self-exploration (Bonny & Panke, 1972). In addition,

music facilitates an altered state of consciousness and accesses the many layers of consciousness (Bonny, 1975), such as memory (Grocke, 1999). Bonny quoted Charles Tart in defining the altered state of consciousness as “a qualitative alteration in the overall pattern of mental functioning, such that the experiencer feels his consciousness is radically different from the way it functions ordinarily” (as cited in Bonny, 1975, p. 122). This state of consciousness enables GIM clients to allow “thoughts, feelings, sensations, and intuitions to interconnect” (Stokes-Stearns & Bush, 2018, p. 24).

In addition to facilitating GIM clients’ unconscious access, music has a close relationship with cognitive processes such as attention, perception, memory, mental representation, motivation, and decision making (Perilli, 2017). Regarding memories, it is not unusual for GIM clients to encounter traumatic memories from earlier periods in their lives. Professionally programmed music leads GIM clients to safely re-experience their traumatic memories through imagery experience. With the help of music and alternative state of consciousness, GIM clients can explore the emotionally laden memories to reframe and correct by safely re-experiencing them through imagery.

Imagery in GIM Sessions

Imagery has been used as the healing tool (Achterberg, 1985). In the GIM therapy session, music-induced imagery enabled both a client and a therapist to develop a client’s self-understanding and personal growth (Bonny, 2002c). In this imagery experience, clients explored their problems and resistance (Bonny, 2002b).

The Association for Music and Imagery (2017) explained the characteristics of imagery:

Consciousness, the totality of human experience, can be expressed through metaphoric

imagery. Imagery encompasses the totality of visual imagery, perceptions, emotions, somatic and sensory responses, as well as biographical, archetypal, transpersonal, and symbolic experiences that are available to human awareness. Intentional exploration of these phenomena can lead to expanded self-awareness, healing, transformation, spiritual growth, and lasting positive changes in behavior. (p. 2)

The imagery speaks allegorically of things that clients cannot see or experience voluntarily based on memory systems (Perilli, 2019). Such imagery is another object of clients' transference. Imagery transference involves three patterns: "the qualities given to characters, things, events, symbols, and so on; the way the imager responds to these qualities within the image; and the client's general approach to the imaging process" (Bruscia, 1998, p. 427). In this way, the imagery experience through music is the resource for exploring the client's characteristics, which mediate the relationship with people in his or her social networks to specific relationship dynamics and the client's reaction pattern to the people in the network.

The Therapist in GIM Sessions

The GIM therapist has assigned tasks during the GIM session. In the preliminary conversation, the GIM therapist listens to establish the goal for the session. In the second phase—induction—the therapist aims to alter the client's conscious state. During the third phase, the music-imaging stage, the therapist acts as a humanistic therapist whose interventions are non-directive. During the final postlude discussion phase, the therapist waits and allows the client to find one's own answers (Grocke, 2005).

Bonny (2002b) highlighted not only the therapist's competence but also the therapist's skill in the outcome of the GIM sessions. She maintained that GIM therapists should have an

“open-minded, open-ended, receptive, allowing, and caring” attitude toward their clients (p. 271).

Bruscia (2015) also depicted four fundamental attitudes of GIM therapists: nondirective, supportive, nonanalytical, and music-centered.

The Peak Experience During GIM Sessions

The peak experience during GIM has symbolic and theoretical meanings. Bonny’s personal experience of the peak experience during her violin playing led her to focus more on the therapeutic peak experience through music. Regarding the theoretical meaning realm, the peak experience belongs within humanistic psychology, which highlights a person’s potential to achieve wholeness and his or her fullest potential. This peak experience is accompanied by emotional responses (Creagh, 2019).

However, the “peak experience” has been used as a synonym for transpersonal, spiritual, transcendent, cosmic, mystical, numinous, paranormal, unitive, integrative, and religious (Abrams, 2002; Creagh, 2019). This peak experience can be life changing and healing. Bonny, the founder of GIM, searched for a way to provide a “music-enhanced peak experience” throughout her life (Clark, 2019, p 16); music enables listeners to release intense emotions and internal tension and to have that peak experience. Grocke (1999) investigated GIM clients’ life-changing experiences from three aspects: the client’s aspect, the therapist’s aspect, and the music-related aspect. Grocke (1999) analyzed interview scripts using the Giorgi-Colaizzi method of phenomenological inquiry and suggested four themes that were common for all seven participants. The result of the client’s pivotal experience was related to the peak experience in a GIM session. All seven participants took part in GIM therapy sessions as clients and described the characteristics of their pivotal moments as a vivid, emotionally bounded, embodied, and life-

changing experience. Grocke concluded, “A pivotal experience in GIM occurs when embodied, distressful imagery or feelings are confronted and resolved, and this resolution brings about a radical change in the person’s life” (p. 220).

The Evolution of GIM

Although GIM practice has been based on humanistic and transpersonal orientations (Muller, 2014), many GIM therapists have tried to understand it in a psychoanalytical context. Its main psychodynamic concepts, such as transference, countertransference, and resistance, are not accepted as the universal framework for understanding the dynamics of all therapy sessions (Bruscia, 1998). However, adapting the psychodynamic framework can maximize the potential of GIM (Clarkson & Geller, 1996) and enable GIM therapists and trainees to understand the dynamics of GIM procedures. In this vein, professional GIM therapists and trainers have developed and expanded GIM’s theoretical background and clinical adaptations (e.g., using various individual and group formats) to meet clinical and educational purposes. In addition, they have tried to understand GIM dynamics by adapting cognitive neuroscience (Perilli, 2017), gestalt dream work (Clarkson, 2002), neurophysiological theory and trauma theory (Körlin, 2019), psychoanalytic theory (Bruscia, 2019a; Clarkson & Geller, 1996; Wrangsjö, 1994), analytical psychology (Stokes-Stearns, 2019), spiritual and transpersonal psychology (Abrams, 2002; Clarkson, 2018; Creagh, 2019), and other theoretical backgrounds.

GIM was developed to address not only various client needs (Muller, 2014) but also the needs of GIM therapists who seek to monitor their unconscious actions, such as their countertransference (Bruscia, 1998) and the transference of their clients (Bruscia, 1998; Grocke, 2002).

GIM Re-imaging Technique

The GIM reimagining technique, which is a variation of GIM, originated through Bruscia's (1998) self-inquiry to explore moments occurring within GIM sessions with a client. This technique evolved to include uncovering and analyzing therapists' unconscious material, such as transference and countertransference (Bruscia, 1998) and projective identification (Bruscia, 1998; Grocke, 2002).

The GIM reimagining session involves two in-person participants (the supervisor and supervisee) and one participant, who is the client of the supervisee. To explore a therapist's psychological dynamics with the client, the supervisee (therapist) reviews the GIM session transcript that the therapist recorded during the session. Grocke (2002) reported her experience of using this technique for the GIM supervision of professional GIM therapists. Grocke, as the supervisor, and her supervisee dealt with two cases. In the first case, the supervisee said that she became frustrated when her client was unable to maintain positive imagery. Grocke asked her supervisee to think about a piece of music that portrays her feelings of frustration. When dealing with the second case, the supervisee chose the same pieces of music that she used for her client. Right before the music-imaging phase, Grocke suggested starting with specific imagery, which was a scene of the supervisee sitting beside her client. Grocke reported a benefit of this technique in that the supervisee evaluated how the reimagining technique helped alleviate her anticipating resistance in the supervision session: "[The supervisee] felt a strong sense of relief in the supervision sessions that she could 'be there' again with the client, but without having to worry about interventions, or the choice of music, or the client, but simply explore what it meant to her" (p. 180).

The length of the music-imagery exercise in the GIM reimagining session is shorter than the GIM session. One contributing factor to this time reduction is the choice of shorter music pieces that are about 6-10 minutes long. Using shorter music pieces can help the supervisee stay with the specific imagery rather than moving to another imagery or clinical issue in working with his or her client. In this vein, using a shorter length of music may enable both a supervisor and a supervisee to deal with the specific imagery in as many cases as possible. Moreover, to analyze two cases in one supervision session, the supervisee is asked to choose one or two music pieces instead of a full music program (Grocke, 2002).

In the postlude discussion, the supervisor reviews the written transcript with the supervisee after the music-imagery experience of the GIM reimagining session. For the supervisee, the objective of this process is to “develop insight into the various experiences during the music, and to relate any symbolic imagery or emotion to aspects of the client’s life situation” (Grocke, 2005, p. 47). During this step, the task of drawing a mandala plays an important role.

This technique offers the supervisee the opportunity to develop more profound empathy for the client, a deeper understanding of the client’s dilemma, and freedom from the therapists’ typical duty of exploring their imagery concerning the client’s imagery (Bruscia, 1998, p. 531).

Procedures in the Reimagining Session

The most distinct feature of the GIM reimagining session versus the conventional GIM is its purpose. The GIM reimagining session can be used as a self-inquiry for client (Bruscia, 2015), as well as a supervision tool for self-care (Frohne-Hagemann, 2017; Grocke, 2002). The goal of the GIM reimagining technique is to uncover and analyze the unconscious origins of transference, countertransference reaction, and projective identification (Bruscia, 1998).

Bruscia developed this supervision technique or self-inquiry technique with Grocke (2002), who delineated the procedures of reimagining sessions with Bruscia. First, he chose the images that his client had experienced and remembered. Second, he chose short pieces of music (about 6-10 minutes in length) that were associated with the images he chose. After the therapist's images emerged during the music-listening session, Bruscia started to explore the therapist's own feelings and reactions to the client's experience. The five steps of the reimagining session are similar to those of the conventional GIM session; the contents of each step differ because of the triadic relationships among a supervisee, his or her clients, and a supervisor.

The Procedure of GIM Reimagining Sessions

In this research, modified reimagining goes one step beyond the reimagining session or the conventional GIM session. To give participants a chance to think more about their imagery experience, the last step of modified reimagining is the reflection phase. Perilli (2017) maintained that the narratives about imagery described by GIM clients during the postlude discussion are not always completely understood because of the imagery's metaphorical characteristics. Thus, the continuous restating of the narrative regarding the imagery experience is intended to "develop the self-awareness and self-integration necessary to modify painful or maladaptive aspects of his life" (Perilli, 2017, p. 14) by bridging implicit knowledge from music-imaging experience (e.g., metaphorical imagery) with explicit knowledge (e.g., reflexivity and verbal thought; Perilli, 2017, p. 15). Implicit knowledge about the imagery usually emerges as a form of "sequential theme, metaphorical image, and even strong emotions in conflict with that of which (clients) are knowingly aware" (Perilli, 2017, p. 17). Clients interpret implicit knowledge into explicit knowledge by connecting with reality-based meaning to the imagery (Perilli, 2017).

However, this phase of rewriting their narratives about the imagery is intended to enable GIM clients to find meaning in their imagery. Both the postlude discussion and reflection phases are part of the meaning-making process. The output of meaning making is explicit knowledge.

Thus, the difference is that, when used under supervision, supervisees complete the reflection note when they return home. The phase enables participants to write about their imagery in an ordinary state of consciousness. This reflection phase is another step in finding the meaning of imagery.

Psychodynamic Psychotherapy

Transference, Countertransference, and Resistance in Psychotherapy

Some of the essential constructs in psychotherapy are transference, countertransference, and resistance (Bruscia, 2019a). Transference, countertransference, and resistance are interwoven concepts. Transference is the person's re-enactment of his or her past feelings or desires for the relationship with another person to the other relationship(s). Gelso et al. (2013) saw *transference* as the representation of

the patient's experience and perceptions of the therapist that are shaped by the patient's own psychological structures and past, involving carryover from and displacement onto the therapist of feelings, attitudes, and behaviors belonging rightfully in earlier significant relationships. (p. 385)

Bruscia (1998) suggested his definition of *countertransference* as

whenever a therapist interacts with a client in ways that resemble relationship patterns in either the therapist's life or the client's life. Implicit is a replication in the presence of relationship patterns in the past, a generalization of these patterns from one person to

another and from real-life situations to the therapy situation, the casting of the client and/or therapist within the past relationship, and a reexperiencing of the same or similar feelings, conflicts, impulses, drives, and fantasies through identification. (p. 52)

Resistance in this research refers to “any attempt a client makes to keep repressed material out of consciousness by avoiding participation or involvement in any aspect of the treatment process” (Bruscia, 1998, p. 41). Within the GIM therapy session, the intention involves the “major themes to be addressed in the music” (Ventre, 2002, p. 31).

All three interwoven concepts are essential to the effectiveness of therapy. Parth et al. (2017) maintained that the process of “tears and repairs” of the therapeutic alliance is a key to achieving therapeutic goals because this repetitive experience can be helpful for clients to set up the new model of intrapsychic or interpersonal relationships.

To understand countertransference, one must first understand transference. Priestley (1994) described emotional behavior as an essential factor in clients’ transference reactions. In positive transference, the client’s emotional reactions aim to find “the gratification that is not provided to [the client] within the therapeutic relationship....to face the painful emotions which [the clients] had repressed” (p. 77). In contrast, Priestley (1994) described Freud’s sexual drive in expressing negative transference, such as “doubting or disliking the therapist, or sexual transference, desiring [the therapist] sexually” (p. 78). The psychotherapist’s focus should be on negative transference in the therapy sessions. Gelso et al. (2005) got the related data in their process of multiple comparisons to examine the validity of the real relationship inventory. They examined the validity of the Real Relationship Inventory–Therapist scale, which had high

reliability and good enough validity in correlation with other scales to measure working alliance, session outcome (depth and smoothness), and clients' negative transference.

Gelso et al. (2005) also calculated the correlation coefficients among the 12 variables, which excluded the subscale scores of the Real Relationship Inventory–Therapist. Those variables were participants' experience level, theoretical orientation, working alliance, the quality of therapy sessions, including the depth and smoothness of the sessions, negative and positive transference for participants' last session, client emotional and intellectual insight, and social desirability. When researchers examined the correlations among 12 elements to support the validity of the Real Relationship Inventory–Therapist scale, there was a significant and negative correlation between the participants' evaluation of the smoothness of their last therapy sessions and the negative transference perceived from their clients.

Countertransference includes the therapist's wholeness, such as both consciousness and unconsciousness, active and passive aspects of oneself, and the relationship with one's client (Bruscia, 1998, p. 52). Hayes et al. (2018) defined *countertransference* as “internal and external reactions in which unresolved conflicts of the therapist, usually but not always unconscious, are implicated” (p. 497). They pointed out two common factors in the definitions: the origin and the trigger of countertransference. According to them, the origin is “the therapist's unresolved conflict,” and the trigger is “some characteristic of the patient” (p. 497).

The concept of resistance in psychotherapy has elements of intrapersonal and interpersonal communication. Although the psychotherapy literature has considered resistance as an intrapersonal process of clients, recent studies have also investigated the element of interpersonal communication (Urmanche et al., 2019). In this vein, the relationships among

countertransference, countertransference reaction to clients, and therapy outcome are worthy topics of research.

Hayes et al. (2018) focused on how psychotherapists' self-care affects the therapy outcome. They performed three meta-analyses on a total of 36 studies representing 2,890 participants to examine the correlations among (a) therapists' countertransference reactions and psychotherapy outcome, (b) therapists' countertransference management and therapists' countertransference reactions, and (c) therapists' countertransference management and psychotherapy outcome. Among their three meta-analysis, the third one supported the correlation between successful countertransference management and better therapy outcomes ($r = .39$, $p = .001$, 95% CI [.17, .60], $d = 0.84$, $k = 9$ studies, $N = 392$).

According to the results of the meta-analysis, the psychotherapy outcome is dependent on more variables than just the therapist's countertransference reaction. Hayes et al. (2018) highlighted the need for therapists' self-care. The results partially explained the importance of a therapeutic relationship or working alliance between therapists and clients. The results from the second and third meta-analysis highlighted the importance of monitoring therapists' unresolved conflicts that could affect clients. This led to the importance of therapists' self-care by attending clinical supervision and personal therapy.

In working with clients' resistance, Horner (2005) also emphasized the importance of the therapist's self-care. The source of the client's resistance, such as the client's core relationship problems, was re-enacted with the therapist. Horner warned to not rush into interpreting the client's resistance and jumping to the diagnostic conclusion based on the presenting problem. In this vein, therapists must have the competency to identify their "core

relationship problem regardless of the presenting problem” (Horner, 2005, The core relationship problem reenacted with the therapist, para. 3).

In working with clients’ resistance, therapists tend to take the fundamental concepts of their theoretical background for granted. Frank (2012) suggested that therapists tend to interpret a client’s resistance in two ways: on their theoretical orientation or on their understanding of the client’s personal and interpersonal history. In this vein, therapists need to examine how much their knowledge and experiences fit their clients’ resistance and how much their personal values affect the understanding of their clients’ lives and their reasons for showing resistance during or in between therapy sessions.

In the music therapy literature, Bruscia (1998) suggested many techniques to uncover countertransference. He highlighted two features: “experiential self-inquiries,” or exploring the therapist’s own expressions such as art experiences (p. 118), and “reflective self-inquiries,” or introspections, such as “studying client logs [and] reflecting on one’s own professional journal” (p. 119).

The Parallel Process in Psychotherapy Supervision

Advanced supervision entails the cooperation of supervisees and supervisors to deal with all supervisory issues, such as the fundamental needs of supervisees and their clients, to the psychodynamic concepts such as transference, countertransference, resistance, defenses, and parallel processes (Bruscia, 2001). Among psychodynamic concepts that have been the topics of advanced supervision, the parallel process in clinical supervision is considered a training tool to educate supervisees about psychodynamic concepts. In psychotherapy supervision sessions,

Tracey et al. (2012) explained how the parallel process has worked in the dynamics of the triadic relationship among the client, the therapist and supervisee, and the supervisor:

The therapist brings into the supervision session issues that arise in reaction to the client, by recreating the dynamic of the therapy session and enacting the client's role with the supervisor. The supervisor, in turn, is then pulled into the role of the therapist, thus recreating the therapeutic relation in supervision but with the person who is both therapist and trainee switching roles from expert to help seeker. This process is considered to involve the underlying issues of power, authority, dependency, intimacy, and evaluation that are common across the master-apprentice relationship of supervision and the therapist-client relationship of psychotherapy. (p. 330)

Many therapists and supervisors whose theoretical backgrounds are psychodynamic tend to accept the parallel process as the natural procedure of clinical supervision across theoretical orientation. Tracey et al. (2012) supported the existence of the parallel process between clinical therapy sessions and clinical supervision sessions. They examined how dominance and affiliation of the clinical therapy sessions emerged in the clinical supervision session, among triads consisting of a client, a therapist/supervisee and a supervisor. The result showed that the trainee/therapist's level of dominance and affiliation became more similar to that of supervisors. According to Tracey et al.'s (2012) hypothesis, this result supported the existence of the parallel process in supervision sessions. They have added that the more similar the trainee/therapist's behavior becomes to the supervisor's dominance and affiliation level, the more positive the therapy outcomes will be.

Resistance in Psychotherapy

Frank (2012) delineated how Freud's idea about the client's resistance was developed and pointed out two weak points of psychoanalysis in understanding resistance: the realms of resistance and the way of expressing resistance. Regarding the realms of resistance, Freud initially thought that patients were "consciously trying to avoid painful topics to protect themselves from shame," which was caused by "revealing to the analyst any idea or feeling" (Frank, 2012, p. 421). His idea about resistance evolved by considering patients' oedipal fear, such as "guilt and/or a fear of punishment or rejection by the analyst" (p. 421). According to Frank, Freud's later view highlighted the unconscious aspect of the patient's resistance. In this vein, Frank (2012) suggested considering both conscious and unconscious forms of resistance. As for the second weak point, Frank (2012) depicted the lack of consideration of the unconscious realm. Freud had been focusing only on the client's verbalization of his or her resistance. According to Frank, Freud had been ignoring the nonverbal expression of clients' resistance, such as clients' voice tone, behavior to lie on the couch. Frank criticized that some psychoanalysts have followed Freud's prejudices, such as focusing more on the conscious realm and understanding clients' resistance through verbal behaviors.

Each school of psychology provides a distinct theoretical background to understand a client's resistance, and the sources of resistance vary according to the therapist's theoretical background. Whereas psychoanalysts recognize resistance as a "patient's inability to maintain awareness of relevant unpleasant thoughts and the tendency to 'act out' in the transference" (Leahy, 2001, p. 10), the cognitive-behavioral model describes resistance as "noncompliance, or noncollaboration, with a here-and-now problem-solving role" (Leahy, 2001, p. 10). Like this example of the cognitive-behavioral model and psychoanalysis, therapists from discrete

theoretical orientations apply various therapeutic interventions to work with a client's resistance, because each theoretical orientation highlights different reasons for resistance (Rautalinko, 2017). However, one common point is that the therapist must identify what the client wants from therapy. In this process, therapists must use themselves as tools within the method, such as cognitive-behavioral therapy (Leahy, 2001). Both psychoanalytic models and cognitive-behavioral models consider the completion of therapy as a priority, with both approaches "viewing therapy as incomplete unless it has addressed the underlying vulnerabilities of the patient" (Leahy, 2001, p. 11).

Some researchers have examined the relationship between the completion of therapy sessions and therapy outcomes. There was a positive relationship between the completion of therapy sessions and therapy outcomes. Barrett et al. (2006) reviewed the literature about client attrition from therapy and obstacles to the delivery and success of treatment. They highlighted that clients' non-completion of attending a contracted number of therapy sessions might block therapists' effective therapy delivery of mental health services in pan-theoretical settings. Cahill et al. (2003) showed that the BDI score of depression clients who completed the contracted numbers of therapy sessions was significantly lower than those of clients who did not.

As mentioned, resistance in psychotherapy has been a central issue in cognitive-behavioral psychotherapy and psychoanalysis (Leahy, 2001). Dealing with resistance involves the delicate work of interpreting the meaning of a client's resistance in psychotherapy. Frank (2012) maintained that therapists must prioritize their interpretation of resistance in the psychotherapy session and warned therapists that focusing too early on a client's resistance without fully understanding its meaning only strengthens the client's resistance.

There is a close relationship between transference and resistance. The object of the clients' transference in psychotherapy is the therapist. In the clients' transference process to the therapist, there is a form of resistance, called *transference resistance*, which is defined as follows:

...a defensive mode of relating to the therapist. It can be viewed as the patient's way of managing the therapeutic relationship in such a manner as to bring about a wished-for kind of interaction or prevent a form of interaction that is a feared source of anxiety... This setup often causes treatment impasses, because the therapist, unaware of this process, may unconsciously collude with the patient. (Horner, 2005, Transference resistance, para 3)

Gelso et al. (2013) defined two types of transference resistance. The first one is "the resistance to the involvement in or awareness of transference." Clients try to ignore the existence of their resistance and avoid dealing with their resistance in their cognitive realm of consciousness. The second is "the resistance to the resolution of transference" (p. 1162). Clients sometimes deny their childhood episodes, which can be the root of their resistance. In this vein, denial can be resistant because clients want to maintain their resistant behaviors during therapy sessions.

Psychotherapists are sometimes faced with a therapy session during which they cannot tell to what category clients' responses belong, between transference and resistance. Kris (2016) also warned that it might be impossible to distinguish transference from resistance because transference might be used as resistance during therapy sessions.

In this definition, there was a negative attitude toward the client's transference resistance by using the word "treatment impasses." Lentz (2016) summarized how the viewpoint has

changed to be more empathetic after a painful and hostile experience. This changed viewpoint requires the therapist to have a more empathetic attitude and skill to understand the client's anxiety and pain. Moreover, this change also requires therapists' self-care skills to deal with frustrations toward their clients' resistance. Although there have been many changes, what is still effective in Freud's ideas about resistance is that working with resistance is "a trial of curiosity about patience for the analyst" (Freud, 1913, as cited in Lentz, 2016, p. 601).

Therapist's attitude toward the client's resistance

Freud had emphasized the effectiveness of analyzing a client's resistance through analyzing client resistance (Frank, 2012). Thus, the client's resistance is not a hindrance to the therapy process but "the meaningful psychological phenomenon containing important information about a person" (Frank, 2012, p. 430). However, Frank explained that therapists should consider the anticipated result of analyzing the client's resistance "to protect (clients) from whatever psychological danger they might fear, consciously or unconsciously (character defenses)" (p. 432). In this vein, the therapist's goal in working with the client's resistance is not only to enhance the "patient's knowledge about himself or herself" but also to enable "his ego to overcome its inclination towards attempts at flight and to tolerate an approach to what is repressed" (Frank, 2012, p. 429).

Regarding the interpersonal communication of resistance, Beutler et al. (2018) examined how therapists' less directive interventions affected high-reactance patients' treatment outcomes. Reactance is an intensive form of resistance. A client with reactance shows oppositional reactions to a therapist who tries to persuade the client to change oneself. Also, the client does not have any motivation to change (Beutler et al., 2018). The reactance has more interpersonal

characteristics than resistance. In other words, reactance tends to be activated and deactivated by the therapist. In their study, Beutler et al. (2018) concluded that therapists' reflective and nondirective attitude was more likely to improve the therapy result of highly reactant patients. However, in the case of patients with low reactance, therapists tended to use directive interventions.

In addition to the therapist's theoretical foundation, Rautalinko (2017) examined how psychotherapists conceptualize directiveness as an attitude. The concept of *attitude* is important because "attitudes predict intentions and behavior regarding an object, link information processing to memory and, to affect, aid decision making, and protect self-esteem" (Rautalinko, 2017, p. 602). After analyzing 18 narratives from the interviews and two narratives of focus group discussions, Rautalinko suggested three conclusions. First, for these therapists, "directiveness may be construed as an attitude," which can be considered these therapists' innate traits (p. 600). Second, all therapists mentioned that the timing within the psychotherapy session influenced the level of their directiveness. The level of directiveness was perceived as high in both the early and late phases of therapy. Third, there were both positive and negative outcomes of directiveness, but these therapists were more prone to disclose the former.

Empirical critiques have targeted modern analysts' attitudes toward clients' resistance. For example, Liegner (2003) maintained that analysts pay more attention to "solv(ing) resistance to progressive communication" rather than trying to "meet the unmet maturation needs of the patient" (p. 9). Moreover, Liegner advised modern analysts to consider themselves as "the only, or even necessarily the primary, source for satisfying [clients' unmet] needs" (p. 9).

Austin and Dvorkin (1993) also maintained the importance of the same attitude toward

clients' resistance. They saw resistance, within music or outside of music making, as a symbolic form of a client's inner world. They recommended extending knowledge of resistance related to the music experience as well as to non-musical behavior. They seemed to give more value to the benefit of using music in working with the client's resistance. It has been "the pleasure in making music and joy in the creative progress" to enable or encourage clients to overcome "their fear of self-expression, exposure and change" (p. 428). One of the ways to overcome the client's fear of self-expression, exposure, and change is to introduce the therapist's joy and pleasure in music making to clients.

Psychodynamic Orientation of GIM

Both psychodynamic psychotherapy and GIM share viewpoints about the levels of consciousness, which consist of four layers: the unconscious layer, the preconscious layer, the conscious layer, and the superconscious layer. The unconscious layer contains "memories, instincts, and psychic forms of energy of the individual," which scholars have studied as a primary process, the id, or the archetype and collective unconscious (Bruscia, 2019a, p. 309). The preconscious layer, the second layer of consciousness, refers to the bundle of unconscious materials that are "readily accessible to the conscious mind with a little effort" (Bruscia, 2019a, p. 309). The third layer is the conscious layer, which refers to the ego and secondary process that oscillates between the unconscious need and what needs to be done in reality, including morality and safety.

The last layer, the superconscious layer, involves spirituality and transpersonal psychology. Unlike classical psychoanalysis, which views any religious or spiritual experience as a defense (Wrangsjö, 1994), the modern psychodynamic orientation has developed into the

transpersonal and spiritual realm of consciousness (Washburn, 1994). Bruscia (2019a) explained this fourth layer: “At this level, we expand our consciousness to such an extent that we are able to apprehend and experience phenomena that are beyond the limits of everyday reality” (p. 309).

Wrangsjö (1994) found four similarities between GIM and psychoanalysis. The first is clients’ positioning to explore the “dream level of mental experience” (p. 35) during the therapy session. In both GIM and psychoanalysis, therapists have clients assume relaxed positions to explore the imagery of their mental experience.

The second similarity is the therapists’ focus on “using transference and countertransference phenomena” (Wrangsjö, 1994, p. 35). All therapeutic factors of GIM can be objects of clients’ transference. To encourage clients’ transference, GIM therapists must demonstrate a welcoming and non-directive attitude to clients’ imagery but become comparatively directive during the meaning-making process, such as the postlude discussion of GIM sessions. Therefore, GIM therapists must fully understand the procedural purpose and clients’ responses. Both analysts and GIM therapists use their own countertransference to identify clients’ transference.

The third focus of therapy is to enable clients to confront their resistance and defenses. Both psychoanalysis and GIM consider clients’ resistance to the therapy process as a reflection of clients’ defensive maneuvers.

The last similarity is “appreciating the holding process” in the therapists’ technique and attitude (p. 35). In this holding process, the GIM therapist/psychoanalyst attempts to facilitate clients’ regression and primary thought process. The therapist’s attitude reflects the second similarity; both the GIM therapist and psychoanalyst adopt a nondirective attitude and try to

show “attunement, empathy, and support” to the client during this process (Bruscia, 2002a, p. 231).

The structural components of GIM, such as the relaxation process in the induction phase, music, and the altered state of consciousness during the music-imaging phase enables clients to work with their resistance. Bruscia (2019a) explained how each GIM therapeutic factor and the combination of therapeutic factors work to ease clients’ defensive maneuvers:

The combination of the relaxation induction, the guide’s presence, and the music play central roles. All three components work together to relax “secondary” processes to the extent needed to release primary processes at the safest and most comfortable level for the client. More important, all three can be adjusted by the guide whenever the client feels threatened and becomes highly defended. (p. 311)

The distinctive feature between psychoanalysis and GIM is how GIM therapists deal with classical neutrality. In contrast to the neutrality that is assured by the psychoanalysts’ training, GIM therapists’ attitude toward clients’ reactions to GIM therapeutic factors is more personal. In fact, Wrangsjö (1994) argued that for clients, “neutrality is not used for the stimulation of transference fantasies” (p. 40).

GIM Therapeutic Factors as the Objects of the Client’s Transference

Music has served as an object of client transference. Indeed, pure music transference in GIM refers to music’s essential therapeutic function in the therapy process (Summer, 1998).

Understanding transference involves three critical concepts: sources, triggers, and objects. First, the source of transference is “any significant person or thing in the client’s past that serves as a prototype for the transference relationship” (Bruscia, 1998, p. 26). The source of

clients' transference varies according to their personal history or situation. Second, a trigger of transference activates the conditions of transference. The distinctive point of GIM in this trigger condition is the openness of the altered state of consciousness, which "provides the condition par excellence for creating ambiguity and thereby activating a transference" (Bruscia, 1998, p. 421). The loosening of clients' defenses provides them with access to more information about transference. Third, the objects of transference include "any person or thing in the ongoing therapy situation that receives the transference" (Bruscia, 1998, p. 27). In GIM sessions, three objects are present: the therapist, music, and imagery (Bruscia, 1998). The relationships among the three objects are inseparable. Thus, it is essential to understand which object in GIM therapy sessions is primary and most noticeable.

When therapists fulfill the therapeutic function, they are the object of the client's transference. Summer (1998) defined *pure therapist transference* as follows:

...a relationship in which the therapist serves essential therapeutic functions in the therapeutic process, including being the primary object of the transference and the music is used to support the establishment and development of the client-therapist relationship. (p. 435)

The second object of a client's transference is music. Because music can be the object of a client's transference, it can serve an essential therapeutic function (Summer, 1998). She defined the concept of *pure music transference* as follows:

...a therapeutic relationship in which the music serves as the essential therapeutic functions in the therapeutic process, including serving as the primary transference relationship. The therapist's role is secondary: to

establish and further the client's relationship with music while serving minimal therapeutic functions for the client. (p. 434)

The third object of the clients' transference is their imagery. Imagery is a personal narrative of a symbolic nature that serves as a vital link to one's inner life (Stokes-Stearns & Bush, 2018). Imagery also has a close relationship with emotion (Goldberg, 1992).

In GIM sessions, the client tends to develop transference to imagery. Clients can "project their transferences onto characters or objects that they create in their imagery" (Bruscia, 2002a, p. 236). Thus, GIM therapists should strive for the symbolic and transferential meaning of a client's imagery.

Another type of transference occurs when both the music and the therapist are simultaneously the objects of clients' transference: "The split transference occurs when the music and the therapist both serve as the object of the transference" (Bruscia, 2002a, p. 236). Thus, the imagery transference can be both independent of and dependent on the influence of the music and the therapist.

In the dynamics of GIM sessions, emotion is a critical element for understanding complex interactions with the other elements of music and imagery. Goldberg's (2019) holographic field theory model of GIM represents how the complex relationships among music, imagery, and emotion can guide clients to recognize their physical, psychological, emotional, and spiritual needs. In this process, the ego evaluates the entire GIM process and reacts to maintain the dynamic balance between the imagery process and music's influence to avoid the fragmentation of the ego. The dynamics of GIM sessions flow in accordance with myriad music-emotion-imagery cycles, which enable clients to explore core issues that need to be addressed in

their consciousness. All three elements (i.e., music, imagery, and emotions) need the therapist's attention to determine how those elements are interrelated.

Countertransference in GIM

A vital aspect of monitoring and managing countertransference is the need to maintain a good working alliance in “an adult-adult relationship, wherein the client and therapist work together as equals to accomplish the goals of therapy” (Bruscia, 2002a, p. 241). GIM therapists must check their countertransference to establish a good working alliance with their clients.

Bruscia (1998) suggested five elements for understanding the dynamics of countertransference: sources, activators, identifications, objects, and outcomes. The sources are the building blocks of the therapist's or the client's past experiences and relationships consisting of the therapist's countertransference. The activators are anything that fosters the therapist's countertransference during therapy sessions. Identifications refer to re-enactments of the past at the right time and place during the therapy sessions. The objects are the targets of countertransference, and the outcome is the result of the therapist's countertransference, which can be positive or negative. Based on these concepts, therapists must check 11 countertransference categories to maintain healthy and productive therapeutic relationships. Most of these categories are related to the therapist's intrapsychic aspects and include

...a preponderance of a particular clientele, philosophical orientation to GIM, the quality and type of working alliance, how to work with a client's transference, how to work with a client's resistance, the therapist's predominance to critical elements such as imagery, music, and verbal discussion, somatic or emotional reactions to the client's work, ways

of responding to the client's shadow side, selection of music programs, how music is used, and styles of intervention. (Bruscia, 2002a, p. 240)

Psychodynamic Concepts in GIM Supervision

The more the clients' exploration through their imagery deepens, the more both transference and countertransference clear up, regardless of the types of patterns in the imagery. The client can experience any imagery representing the therapist and the client. The dynamics of the imagery can also influence trainees' decisions for their clients (Grocke, 2019).

Grocke (2019) highlighted the GIM supervisors' competencies. The first competency involves checking whether their trainee recognizes the moment of countertransference and monitors the supervisor's countertransference. Regarding the trainee's countertransference, there are myriad occurrences of countertransference at any moment in every step of GIM session procedures, such as the trainee's questions to the client to set up the therapy goal of the GIM session, music selection, the trainee's choice of verbal intervention, and how to start the postlude discussion.

One modification of GIM for psychodynamic GIM supervision is the reimagining technique, which achieves the goal of working with transference, countertransference, resistance, and projective identification (Bruscia, 1998; Grocke, 2002).

Resistance in GIM

The therapeutic phenomenon of *resistance* is "any effort that the client makes, consciously or unconsciously, to impede the therapeutic process and thereby halt the uncovering of repressed material" (Bruscia, 2019a, Nature of resistance, para 1). Bruscia suggested that GIM

therapists need to focus on clients' resistance patterns in accordance with the phases of the GIM session, especially the music-imaging phase and the postlude discussions (Bruscia, 2015).

The distinct features of resistance in GIM include resistance morphology during the music-imaging experience. A defensive maneuver regarding the imaging experience is intended to "reduce the threat or stress by deflecting, changing, or repressing the emotional response to music and the issue it represents" (Goldberg, 1992, p. 12). This type of resistance can manifest as "a flat or irrelevant affective reaction to an emotionally laden image, a defensive image, fleeting or changing images, or negative reactions to the music or therapist" (Bruscia, 2002a, p. 232).

During the music-imaging phase, a client's resistance can be the client's refusal or failure to experience an altered state of consciousness, imagery, connection GIM therapy factors, such as music, imagery, or therapist (Bruscia, 2019a, resisting the music-imaging experience, para 1).

During the postlude phase, GIM clients sometimes resist integrating and gaining insight from music imaging. Bruscia (2002a) highlighted the importance of a therapist's timing to connect the client to his or her imaging experience. However, the GIM literature provides limited information regarding how researchers have distinguished between GIM practitioners' clinical experiences and their understanding of psychodynamic concepts such as clients' resistance. There has been a lack of research on how GIM practitioners understand their clients' resistance in the clinical experience. Therefore, this present research examines how participants recognize, feel, and understand their clients' resistance by exploring their imagery in the adapted form of GIM.

Goldberg (2019) described a defensive maneuver as the “protective actions essential to avoid fragmentation or disintegration of the ego” (p. 488). She understood the defensive maneuvers to be an essential component of GIM sessions because it allows therapists to understand clients’ emotional responses during GIM sessions and it helps clients deal with their emotional experiences. Clients’ defensive maneuvers can appear, regardless of the types of objects and layers of consciousness during GIM sessions (i.e., the unconscious, preconscious, conscious, and superconscious, including transpersonal and spiritual realms).

Various dimensions of GIM are geared toward helping the client negotiate the risks and benefits of repression, resistance, and defenses. Once again, the combination of the relaxation induction, the guide’s presence, and music play central roles. All three components work together to relax the client’s “secondary process” as well as to release primary processes at the safest and most comfortable level for the client. More importantly, all three can be adjusted by the guide whenever the client feels threatened and becomes highly defensive (Bruscia, 2019a).

Using the Arts in Clinical Supervision

Using artistic inquiry for improving and maintaining the professional identity of expressive therapists has been examined within the literature. One important role of clinical supervision has been gatekeeping. In this vein, studies about using the art forms that are the same as supervisees’ primary therapeutic and artistic medium (e.g., art, dance/movement, music, poetry, theater, or others) have been essential for creative arts therapists and expressive therapists.

Brown (2008) examined how creative arts therapists recognize the value of the artistic process outside of work and argued for the need for standards to support their art-making. She invited 45 creative arts therapists in New York hospitals to make an artistic inquiry and identify

the relationship between artistic pursuits outside of work and artistic pursuits as a therapist in the hospital, as well as the exploration of what happened to them when they stopped making art. The artistic inquiries were engaged at each hospital and included improvisations, music, sound, movement, writing, and art. The finding was that the art-making process was “vital to their professional affectivity and their personal well-being” (p. 207).

The vitality of art making has been acknowledged in many professions in the field of expressive therapy. For example, Yoo (2011) tried to understand supervisors’ attitudes and perspectives of using art making in art therapy supervision. She reported interpersonal and professional viewpoints in the supervision dyad (consisting of a supervisee and supervisor) and suggested that art therapy supervisors recognized bidirectional nature of art making in clinical supervision sessions, whereby supervisees can gain insights into their relationships with clients through art making as well as get a model on how art making can be applied to their client by observing the supervisor’s supervisory interventions. Later, the supervisee, who is also a therapist for his or her client, can utilize the experience of his or her art-making for his or her clients.

In a different study, Ko (2016) reported that both visual art making and body movement enabled her supervisees to connect their body sensations with their perception of group dynamics in the group supervision sessions, and their needs not only as a therapist but also as a person. One participant once again confirmed that she liked to do therapy work with clients. The findings were that Korean supervisees’ experiences of visual arts and body movement improved their sensitivity about moving and sensing the body for dance-movement therapy. Moreover, participants’ physical sensation, such as sensing the touch by other participant during the body

movement phase of the supervision session, enabled participants to connect them to the dynamics of group supervision sessions and gain insight into therapeutic relationships with their clients through body sensations initiated by the visual art.

Music making provides productive supervisory environments and relationships. Kennelly et al. (2016) reported the result of narrative synthesis research with five qualitative studies about music making in professional supervision. They defined *professional supervision* as sessions intended to support supervisees to develop more professional skills, meta-insights, and intuition about the therapeutic alliance in a therapy session (Kennelly et al., 2016). They reported that supervision was effective in assisting supervisees to develop their professional and personal insight as therapists in their clinical practice. However, it was difficult measuring how much supervision is effective for supervisees' insight development into their clinical practice because the role of music is "the core interactive ingredients constitute professional supervision," which constitutes "flexible and reactive approaches towards practice and learning, including the use of music as a supervision tool" (p. 185).

In the literature about GIM supervision, mandala making has been used not only for GIM trainees but also for other professionals. Wagner (2012) reported that music and imagery technique and mandala making led participants to realize the need of self-care and affected their clinical work. Wagner examined how the adaptation of GIM sessions can be applied to four participants—three social workers and one psychologist. Participants experienced music-evoked imagery and then made mandalas. Each of four participants took part in one quasi-supervisory session which led by the researcher. In follow-up interviews within 30 days following the quasi-supervision session, Wagner found three overarching themes. The first theme was about

participants' experience of interventions in the quasi-supervision session. Participants reported their improved sensitivity about their countertransference and better emotional status, such as experiencing less anxiety, feeling more grounded, and sensing more peace. Participants highlighted that the benefit of interventions enabled them to meet their clients' needs better. Regarding their responses to the interventions, participants mentioned them as creative and client centered. Moreover, they mentioned the therapist's role in the quasi-supervisory sessions affected interventions, providing comfort and being supportive. The last theme was that participants' experience of the quasi-supervisory sessions led them to feel the need of self-care and its effect on their clinical work.

Psychodynamic psychotherapy entails working with clients' transference and resistance to achieve mutually defined therapeutic objectives. In the therapy process, the therapist must care for his or her countertransference and personal needs through many self-care methods such as keeping a diary or taking part in personal therapy sessions or clinical supervision sessions. The parallel process is one of the most important concepts of psychodynamic supervision. In this vein, adopting psychodynamic theoretical background into GIM means that both supervisors and supervisees need to think about the possible enactment of transference, countertransference, the parallel process, and the resistance during the clinical supervision sessions. Among these concepts, resistance has conscious and unconscious, intrapsychic and interpersonal, and time-sensitive characteristics. Although all GIM therapeutic factors work with clients' resistance effectively, GIM therapists' experience in working with their resistance has not been examined in the GIM literature.

Chapter 3

Method

This study aimed to understand how Korean GIM therapists' imagery experience affects their understanding of their clients' resistance. The researcher recruited six professional Korean GIM therapists to examine how their imagery unfolded and worked to achieve a holistic understanding of their clients' resistance. These therapists individually participated in one GIM reimagining session delivered by GIM guides. The guides were also two professional Korean GIM therapists who took on the role of therapist for the participants during the GIM reimagining sessions.

The data were analyzed to examine how Korean GIM therapists' holistic understanding of their clients' resistance evolved. The data for this research included the verbatim transcripts of GIM reimagining sessions audio-recordings and the reflection notes that were the participants' subsequent writings about their imagery experience.

Researcher's Situatedness in this Research

Understanding resistance is essential to prevent disastrous therapy outcomes, such as the client's involuntary termination. Moreover, many GIM therapists work in a private practice setting. Client resistance is an unavoidable step in psychotherapy. Therefore, therapists should develop the competency to address clients' resistance, which is a crucial issue among GIM therapists, especially therapists who work in private practice.

Embarrassing experiences regarding many client's resistances led me to wonder how GIM therapists generally deal with clients' resistance holistically, including cognitively and emotionally as well as consciously and unconsciously. This question prompted me to ask about

the therapists' countertransference because how therapists respond to their clients can be related to their countertransference issues.

I have never dealt with the countertransference issue concerning my clients' resistance in GIM sessions. None of my supervisors or colleagues ever referred to my dynamics after countertransference. I felt compelled to ask more in-depth questions about how GIM therapists experience their clients' resistance through the forms of imagery during GIM sessions.

The second motivation for this research was to find productive attitudes that can help therapists achieve a good prognosis for the client. Although some research deals with GIM therapists' holistic experience in each GIM procedure (Abbott, 2007), there is no research on therapists' attitudes toward clients' resistance. In this vein, research regarding how GIM therapists react to resistance can produce valuable data. Such input can help to develop a more comprehensive understanding so that GIM therapists can ensure that their clients achieve positive and productive results.

Recruiting Process

The researcher contacted potential GIM guides personally via email and then via a phone call. If the potential GIM guides responded with interest, they received an email explaining the purpose and procedures of this research and an attached consent form. The actual consent process was conducted verbally, through such means as a phone call and receiving the picture of the signed consent form via a messaging app.

Prospective participants received an email (see Appendix A) explaining the purpose and procedures of this research and were asked to respond to the email if they agreed to participate in the research. Next, the researcher sent the consent form (see Appendix B) for participation and

audio/video recording (see Appendix C) via email to the individuals who agreed to participate.

Prospective participants were required to return the email with the scanned consent form attached and to mail the original consent form to the researcher.

Operational Definitions

The study participants were six Korean professional GIM therapists who acted as clients during the GIM reimaging session. Thus, “client” means the actual client of the participant (all of whom were also Korean). All GIM reimaging sessions were one-on-one sessions, and each of the two GIM guides took on leading three individual GIM sessions with the participants.

Two more terms need clarification. “GIM session” means participants’ clinical work for their patients before participating in this research, and “GIM reimaging session” means the GIM sessions held for this research. GIM reimaging session is the modified form of GIM re-imaging technique which had developed by Bruscia (1998).

Participants

For sample recruitment purposes, the first and primary qualification for participants in this research was being GIM therapists certified by the Association for Music and Imagery and the Korean Association for Music and Imagery. The second condition was possessing a master’s or doctoral degree. The third was that they currently work as GIM therapists in South Korea. The qualifications for a GIM guide were the same as those for participants.

Both Guides A and B had pre-existing relationships with the participants. All participants and guides were also music therapists who graduated from the same graduate school of music therapy. Moreover, the association membership is small in Korea. Both GIM guides were informed about the qualifications of participants, so they recognized the possible influence

of pre-existing relationships.

In the consent form, each participant was informed that a GIM guide, who was also the regular member of the Korean Association for Music and Imagery, would take the role of therapist during the GIM reimagining sessions.

The general demographic data of participants are provided in Table 1. The names of the participants were assigned Korean pseudonyms to safeguard their confidentiality.

All participants were licensed GIM therapists certified by the Association for Music and Imagery and were all living and working in South Korea. Because the six participants and the two guides are also regular members of the Korean Association for Music and Imagery, which is a small community in Korea, they were already acquainted with one another. Moreover, all six

Table 1. *GIM Therapists' Demographic Data*

Name	Gender	Age	Year Licensed as a GIM Therapist	When the Participants Met Their Clients
A-Rin	Female	Late 40s	2013	Late 2011-2013 After completing GIM training and before becoming a professional GIM therapist
Dong-Hyeon	Male	Early 40s	2015	Mid-2014, during GIM Level 3. His client was his training partner in the GIM Level 3 training group
Ka-In	Female	Early 50s	2017	2015, as a professional GIM therapist
Mi-Yeong	Female	Early 50s	2013	2018, as a professional GIM therapist. The GIM sessions with her client were ongoing.
Jee-A	Female	Late 50s	2015	2014
So-Hyeon	Female	Late 40s	2009	Spring 2012–Winter 2012 After completing GIM training and before becoming a professional GIM therapist

participants graduated from the same graduate school of music therapy in Seoul, South Korea.

Location

The GIM reimagining sessions for all participants (except for Dong-Hyeon) were held at the private practice GIM studio of the researcher, located in Seoul, South Korea. The GIM reimagining sessions for Dong-Hyeon were held at his expressive therapy center located in the city of Gyeonggi-do, near Seoul, to accommodate Dong-Hyeon's schedule. It took almost three hours to go from the researcher's GIM studio to Dong-Hyeon's expressive therapy center.

Data Collection

The Protocol of GIM Therapy Sessions

In preparation for the GIM reimagining session, the researcher asked participants to think beforehand what GIM music program or music pieces they want to use and their experience of client resistance in GIM sessions. The music programs or pieces could be selected from one that participants used with their clients, one specifically selected for the GIM reimagining sessions, or one selected by the GIM guide for the participant.

The researcher asked the participants to review the transcripts from their GIM sessions to recall and pick one case regardless of the session status (e.g., ongoing or terminated). The selected case should be the one that has been the most significant in dealing with clients' resistance. The participants were asked to recall the specific imagery of the clients concerning their resistance.

Each GIM reimagining session consisted of six parts: preliminary conversation, induction, music-imagery experience, return, postlude discussion, and reflection.

The purpose of the preliminary conversation was to identify how the participants understood their clients' resistance and what music piece(s) the participants chose (see Appendix D). During this phase, the GIM guide asked participants which example of resistance from the clinical work they wanted to focus on and how the client resistance unfolded in the GIM session. Moreover, the guide asked the participants to describe the distinctive features of their clients' resistance. Finally, the guide asked the participants which GIM music program they had chosen for their clients in GIM sessions.

During the induction phase, the guides inquired about the participants' favorite method of induction and used that method to help the participant enter a non-ordinary state of consciousness. At the conclusion of the induction, the guide suggested the beginning image as the focus (intention) of the sessions (Muller, 2014).

Just before the start of the music-imaging phase, the client lay down on a mattress or mat and the guide provided instructions for relaxation. After the relaxation process, the guide asked the participants to bring to mind an image of themselves sitting alongside the client (Grocke, 2002). This imagery was the starting imagery or metaphoric therapy focus of the reimagining sessions.

During the music-imaging experience, the reimagining technique was applied (Bruscia, 1998) and the guide used standard interventions to assist the participants (Grocke, 2002). The categories of standard interventions are non-directive, supportive, nonanalytical, and music centered (see Bruscia, 2015, for detailed explanations on the nature of standard interventions). Nondirective interventions enable participants to independently find a creative way to solve the issue that had brought them to the therapy session. Supportive interventions mean being

empathic with and accepting of the client and his or her imagery experience, rather than defining what clients' imagery experiences are. The nonanalytical intervention keeps the participants from "thinking or reflecting on the experience from a therapeutic standpoint" (Bruscia, 2015, Principles of guiding, para 4). Music-centered interventions are a GIM therapist's attempts to connect clients to the emotions of music and imagery changes in response to the music.

After the music-imaging experience phase, the guide led the client to come back from the altered state of consciousness. Then, the guide asked the participant to sit up and spend some time understanding the relationships between their imagery experience and the therapeutic objectives they mutually set up during the preliminary conversation, as well as the meaning of their imagery experience. The return is the bridge between the music-imaging phase and the postlude discussion phase.

The guide started the postlude discussion by asking participants to draw a mandala, as is customary in conventional GIM sessions to help the participants visualize their essential imagery experience during the music-imaging phase. After the participants completed their mandala drawing, the guide asked participants which imagery was significant to them. The guide discussed the participants' emotional association with the imagery.

In the reflection phase, which is a feature distinct from the conventional GIM and Bruscia's reimagining technique, the participants were required to write about their imagery based on the guide's written transcript. The researcher provided the client with a verbatim transcript of his or her GIM reimagining session. The purpose of this reflection phase is "to provide the client with an opportunity to reflect upon and give meaning to the session while in an ordinary state of consciousness after some time has elapsed since the experience itself" (Perilli, 2017, The

redescriptive technique, para 1). The researcher requested all participants to send their reflection notes to the researcher via email within two weeks.

Procedure

All GIM sessions were audiotaped and videotaped. The audio and video recordings of the sessions were used to help the researcher understand the content of the GIM sessions. However, the purpose of videotaping was only to enable the researcher to identify and describe the participants' kinesthetic imagery. Because the kinesthetic imagery includes body sensations or movements that also involve emotional expression, there is no other option but to videotape the movement to understand its morphology, including the direction, moving distance, and strength. The GIM guide also described the morphology of the participants' kinesthetic imagery in the written transcript.

The primary data included two types. The first was the verbatim transcriptions of the audio recordings of the GIM reimagining sessions. The second type of data included the participants' reflection notes about their experiences during the music-imaging step of the GIM reimagining session. The participants wrote the reflection notes when they were at home and were in an ordinary state of consciousness. To facilitate this, the researcher sent an email to the participants that included both the verbatim transcription of the session and the drawing of each participant's mandala. He asked each participant to write the reflection note and send it back within two weeks.

As for the secondary data, the transcripts from GIM guides about participants' imagery during GIM reimagining session were utilized only to clarify the contents of participants' imagery. The content of the GIM guides' transcripts were not analyzed in this study.

The present study was influenced by a naturalistic inquiry research paradigm. This qualitative research paradigm has been used to study multiple layers of psychodynamic processes in the therapy process (Arnason, 2016). Because the music-imaging phase of the GIM reimagining session was the same as that of conventional GIM sessions, it provided a natural setting for naturalistic inquiry. This allowed participants to have an imagery experience in the setting of GIM reimagining sessions, like their clients who took part in the music-imaging phase of GIM sessions.

The naturalistic inquiry considered the context of interpersonal relationships as the natural setting (Magill, 2007). Although naturalistic inquiry is optimal when the researcher participates as an observer (Aigen, 2005), this was not possible because of the private nature of the GIM dyads and to keep the GIM session in a natural setting. In this study, there were pre-existing relationships between the research participants and the GIM guides. This is mainly because the Korean GIM society is a small community and most KAMI members are graduates from the same graduate school of music therapy in South Korea. Some pre-existing relationships were face-to-face relationships or acquaintances who have met only through the KAMI conference or KAMI continuing education sessions.

To set up the natural setting, the researcher suggested a different guideline for GIM guides based on Grocke's (2002) minimum intervention during her GIM supervision sessions utilizing GIM re-imaging technique. Unlike Grocke, however, the GIM guides of this study responded to participants' imagery experience during the music-imaging experience of GIM reimagining sessions as they have done for their clients.

As a human instrument, each participant's narrative provided the most valuable data in this research. Although similarities were observed between naturalistic inquiry and grounded theory, the objective of this research was to understand the construction of participants' imagery experience regarding their clients' resistance.

Regarding the guideline of the naturalistic inquiry, "focus-determined boundaries" and utilizing "tacit knowledge" of the researcher (Aigen, 2005), this study incorporated the influence of participants' and clients' past experiences in the GIM reimagining sessions. In this vein, the boundaries have expanded from the "here and now" of GIM reimagining session to the entire timeline of participants' and clients' life experiences that related to their imagery experience.

Data Analysis

After receiving the reflection notes from the participants, the researcher identified themes in the transcripts and participants' reflection notes of the GIM reimagining sessions. As Magill (2007) suggested, the researcher kept notes of important patterns using the latest version of the qualitative data analysis computer program, MAXQDA v.18.2.3. Also, the researcher highlighted and coded the participants' statements and looked for similarities across the research data.

For data triangulation, the verbatim transcripts were compared with transcripts from the GIM guides of recorded participants' imagery. This process, in addition to the video recording of participants' kinesthetic imagery, enabled the researcher to clarify what happened during the GIM reimagining session.

To improve the data's credibility, the researcher engaged in a member-checking process. First, the researcher asked each participant to review the written transcript of the GIM session

before the start of the analysis process. To help participants remember, the researcher provided them with pictures of their mandalas, although these pictures were not included in the research data (the researcher is not qualified in mandala analysis). Second, the researcher emailed the themes, sub-themes, and patterns and explanations to participants and asked them to review and send these documents back with their feedback within two weeks. The third triangulation method was to monitor the researcher's tacit knowledge and personal thoughts or feelings toward the participants' imagery. To do this, the researcher kept a research journal about each GIM reimagining session while listening to the recordings of each GIM reimagining session several times. The written transcript contained his impressions and thoughts about the recording contents. Participants could describe their imagery and the contents of the discussions between them and their GIM guide.

The researcher tried to analyze the research data in accordance to the stages of GIM reimagining session, the preliminary conversation, the music-imaging experience, the postlude discussion, and the reflection phase.

The first point in analyzing research data is the music-imaging experience. The second research question was most relevant to this aspect: "How does GIM therapists' imagery unfold during GIM reimagining?" This question prioritized participants' imagery flow and endeavored to not intervene in their meaning-making experience. At this stage, the researcher tried not to define and limit the meaning of participants' imagery. Rather, the researcher utilized his tacit knowledge as a professional GIM therapist, such as metaphoric and unrealistic story lines in participants' imagery flow.

The second point in analyzing research data was how participants perceptualized about their clients' resistance. Most statements regarding the second point surfaced during the preliminary conversation. However, the researcher tried to find any relating statement in other phases of the GIM reimagining session.

In the third point in analyzing research data, the researcher tried to interpret each participant's holistic understandings about their clients' resistance by summing up the result of the first and second points.

As Magill (2007) suggested, the researcher utilized MAXQDA v.18.2.3. to capture all data and relationships among themes, and researcher's research notes. Also, the researcher utilized the mind-map to figure out the flow in participants' GIM reimagining sessions.

The naturalistic research paradigm led the researcher to explore research data as freely as possible, as well as to focus on considering the holistic point in understand their perception about their clients' resistance.

Chapter 4

Results

This research examined the participants' recollections of GIM sessions in which their clients exhibited resistance and participants' experience of exploring their own imagery on clients' resistance during the GIM reimagining sessions.

Clients

Each of the six participants picked one client who had shown resistant behaviors. Participants' descriptions about their clients are shown in Table 2. In the preliminary conversations of the GIM reimagining sessions, each participant provided general information about their selected client, such as gender and age, how they met their client (or how the client was referred to them), and their perceptions about the client and the client's resistant behaviors during GIM sessions. The characteristics of the clients' resistant behaviors were presented in the first theme: the ruptures of therapeutic relationships with GIM therapy factors, such as music, imagery, and a therapist.

Table 2. *Participants' Descriptions of Their Clients*

Participant	When the participant met the client	Client's gender and age	Referral type	Participant's perceptions of the client
A-Rin	Late 2011 to early 2013, while doing assignments to be a professional GIM therapist,	Female, early 50s	The client had taken A-Rin's introductory music therapy class before participating in GIM sessions with A-	A-Rin recognized the client as a person of high social status and economic affluence.

	after completion of the GIM training		Rin. To learn more about GIM, the client came to A-Rin's therapy room voluntarily.	
Dong-Hyeon	July 2014, during Level 3 of GIM training	Female, early 30s	The client was referred by Dong-Hyeon's colleague in GIM training. Dong-Hyeon picked up the GIM session that was the part of the GIM Level 3 training. His client participated in the practice GIM session as a client.	Dong-Hyeon recognized the client as very sensitive and burdensome.
Ka-In	2015	Female, early 40s	The client came to Ka-In's therapy room voluntarily.	Ka-In recognized that there was much pain inside her client, stemming from her mother who abandoned her in her childhood, and her relationships with co-workers.
Mi-Yeong	Beginning in 2018 – In progress	Female, mid-40s	A person who knew both the client and Mi-Yeong recommended Mi-Yeong to the client.	Mi-Yeong recognized that the client came to her just before she developed depression due to child-rearing stress, marital problems, and problems with her mother.
Jee-A	2014-2019, a total of 6 years (including a year and a half off). Started GIM sessions when Jee-A was a trainee, engaged in GIM sessions	Male, late 20s	A person who knew the client and Jee-A introduced Jee-A to the client's older sister, who in turn referred her brother as a client.	She recognized that her client's main symptoms included depression, loneliness and seclusion, and difficulty relating to people.

	under the supervision, and prolonged after becoming a GIM therapist.			
So-Hyeon	2012, Spring to Winter, while doing assignments to become a professional GIM therapist and after the completion of GIM training	Female, mid-40s	So-Hyeon's client volunteered to participate in GIM sessions that were sponsored by their church.	So-Hyeon recognized that her client was interested in mother-daughter relationships and that she seemed to have an obsession with cleanliness.

Music Programs for GIM Reimaging Sessions

The GIM guides asked the participants what music programs they wanted to use in the GIM reimaging sessions. The music programs or music pieces are presented in Table 3, and Table 4. Participants had three choices: They could choose the music program that they had used for their selected client, choose a program they thought would be appropriate in dealing with their clients' resistance, or have the GIM guide select the GIM music program for them.

The researcher found seven themes, three sub-themes, and eight patterns in this research (see Table 5). The first two themes concerned the participants' perceptions of their clients' resistance during the preliminary conversations of the GIM reimaging sessions. In the first theme, ruptures of therapeutic relationships were the form that the clients' resistance took. The second theme related to the clients' resistance that was due to psychological issues such as threats to change, annoyance with fitting in with others, blaming the mother and the client herself, a desire to show good results, the fear of going out into the real world, and perfectionism.

Table 3. *Music Programs Used by Participants in GIM Reimagining Sessions with Guide A*

Participant	Music Program	Characteristics of GIM music programs			The rationale for selecting the music program
		Track	Title	Composer	
A-Rin	Depth Bach	1	Passacaglia and Fugue in C minor BWV 582	J.S. Bach	[Guide A skipped “Komm, süßer Tod” because of a technical problem.] A-Rin: I think it’s good to use something like Depth Bach. I think this was the music program he showed the least resistance to in the beginning.”
		2	Mein Jesu BWV 487		
		3	Little Fugue in G minor BWV 578		
		4	Air on a G string		
Dong-Hyeon	Peak Experience	1	5 th Piano Concerto - II. Adagio un poco moto	Beethoven	Dong-Hyeon: The music program I used during the session was “Peak Experience.” Guide: Oh, well, it’s a session we’re doing together. Dong-Hyeon: Yes, and it’s music that Level 3 training deals with.
		2	Gloria (Et in Terra Pax)	Vivaldi	
		3	Adagio in C (BWV 564), arranged by Stokowski	J.S. Bach	
		4	Requiem (in Paradisum)	Faure	
		5	Lohengrin (Prelude to Act 1)	Wagner	
Jee-A	Depth Bach	1	Passacaglia and Fugue in C minor BWV 582	J.S. Bach	Jee-A: I’ve never had a chance to use “Depth Bach” for my client. When my client’s resistant behavior became more distinct, I wanted to use the music program for him.
		2	Komm, süßer Tod BWV 478		
		3	Mein Jesu BWV 478		
		4	Little Fugue in G minor BWV 578		
		5	Air on a G string		

Table 4. *Music Programs Used by Participants in GIM Reimagining Sessions with Guide B*

Participant	Music Program	The characteristics of GIM music programs			Rationale for selecting the music program
		Track	Title	Composer	
Ka-In	Depth Bach	1	Passacaglia and Fugue in C minor BWV 582	J.S. Bach	The music program that came to my mind at first was Depth Bach...I think I need to sink a little deeper and digest those things (my client's resistance).
		2	Komm, süßer Tod BWV 478		
		3	Mein Jesu BWV 478		
		4	Little Fugue in G minor BWV 578		
		5	Air on a G string		
Mi-Yeong	Bittersweet – White Stone	1	Reflection	Secret Garden “White Stone”	(The reason to pick a light music program is that) I think my patients are much more comfortable with me than I am with myself. Guide: (in the GIM session with the client) Why did you choose “I’ll Carry You Through?” Mi-Yeong: The introduction of the music was very comfortable for me. I heard it for the first time at the Korean Association for Music and Imagery conference, and I thought it would be perfect for him. This music gave me the impression that I was just going slow and deep, but why am I in such a hurry? And I
		2	Home		
		3	Poem		
		4	I’ll Carry You Through	John Boswell	
		5	Illumination	Secret Garden “White Stone”	
		6	Gabriel’s Oboe	“Mission” Original soundtrack	

					think the client's issue fits this type of music.
So-Hyeon	Bittersweet – Secret Garden	1	Sigma	Secret Garden “Song from the Secret Garden”	I think the client is a person who doesn't want to feel any emotion, so I think I used the “Bittersweet” program on purpose because of its plaintive nature
		2	Chaconne		
		3	Song from a Secret Garden		
		4	Serenade to Spring		
		5	Serenade to Spring (Repeat)		

The third and fourth themes addressed the music-imaging phases of the GIM reimagining sessions. The third theme was about how participants reacted to their clients' resistance, such as giving their clients time and space. The fourth theme related to participants' negative reactions to clients' resistant behaviors. The fifth theme concerned how the participants' imagery unfolded. This theme had two sub-themes: participants' imagery representing themselves and their clients, and the structure (crisis, resolutions, and acceptance) of the participants' imagery process. Both the sixth and seventh themes concerned the insights that participants gained from their imagery experiences. The fifth theme involved the change in the participants' perceptions of their clients' resistance—from a negative evaluation to acceptance of clients' resistance as a natural step in the therapy process. The sixth theme involved the insights that participants gained from their imagery experiences with the music, which led to caring for the participants and their clients.

Theme 1: The Rupture of Therapeutic Relationships as a Form of the Clients' Resistance

The first theme is about how the ruptures of therapeutic relationships are a form of clients' resistance, which includes the subtheme of ruptures with GIM therapeutic factors. Clients

Table 5. *Themes, Sub-Themes, Patterns, and Related Phases of GIM Reimaging Sessions*

	Themes	Sub-themes	Patterns	Related phase of GIM or GIM reimaging session
1	Ruptures of therapeutic relationships as a form of the clients' resistance	Ruptures with GIM therapeutic factors (Music, Imagery, and Therapist)	Disconnect with music and imagery, while relating only with the therapist	The preliminary conversation of the GIM reimaging session
			Disconnect with all three therapeutic factors	
			Disconnect with only the therapist, while relating with the imagery	
2	Clients' psychological issues as the reason for their resistance			
3	Giving time and space to clients			The music-imaging phase of the GIM sessions
4	Participants' negative reactions to clients' resistant behaviors			
5	How the participants' imagery unfolded	Participants' imagery representing themselves and their clients	The participant as the GIM therapist and the client as the client	The postlude discussion or the reflection phase of the GIM reimaging sessions
			Relationship between participants and clients in imagery	
		The structure of the participants' imagery process	Crisis	
			Resolution	
			Acceptance	

6	The change in the participants' perception of their clients' resistance			
7	Caring for the participants and their clients			

disconnected the relationship with at least one therapeutic factor, such as the music, the imagery, and/or the therapist. This theme has three sub-themes: disconnect from music and imagery while maintaining the relationship with the therapist, disconnect from all therapeutic factors, and disconnect from the therapist while maintaining the relationship with the imagery.

The first pattern was the disconnect from the music and imagery while maintaining the relationship with the therapist. In these cases, the participants' clients communicated only with the therapist during GIM sessions. Among the participants, A-Rin and Ka-In stated that their clients had tried to rupture the therapeutic relationships with music and imagery.

There were disconnects from two therapy factors, music and imagery, in these GIM sessions. A-Rin's client tried to keep her connection with A-Rin, the therapist. However, A-Rin described her client's attempt to keep this connection as an example of resistance. During the GIM sessions with A-Rin, her client asked questions that were unrelated to her imagery or music experience. A-Rin thought that her client's aim in asking these questions was to avoid the fear of observing her inner world through her imagery, but her client's unrelated questions were her form of resistance:

My client was doing a session, and she suddenly said, "Oh, but Mrs. A-Rin!" And she said, "Oh, I see something." And she said, "Mrs. A-Rin, should I say everything I see or

just a little bit?” And she said, “Do you hear me?” When something came to her, I think she was resistant to it because she was afraid to see what was inside of her.

Ka-In described how her client refused to listen to music during the GIM sessions and instead wanted to do talk therapy without music. Eventually, this refusal resulted in disconnects from both music and imagery:

Ka-In: She said, “I don’t want to listen to music, actually. I can’t listen to music. I want to talk.” And she wanted verbal counseling.

Guide: When your client came to the next session, did you run the entire session without music?

Ka-In: Yes, that’s how the next session went.

Although the participants’ clients did not refuse to have therapeutic relationships with them, this was also a form of resistance.

The second pattern involved clients’ disconnections with all three therapeutic factors. Two clients disconnected from their relationships with music, imagery, and the therapist by falling asleep during the GIM sessions. So-Hyeon reported that her client tended to fall asleep whenever she was about to genuinely engage with her imagery. So-Hyeon felt that her client showed her most resistant behavior by sleeping during the GIM session:

Guide: What was the most resistant behavior you experienced during the GIM sessions with your client?

So-Hyeon: Sleeping. When she thought she was into her imagery, she slept.

In Mi-Yeong’s case, the client sent a message to Mi-Yeong before the GIM session, saying that she didn’t want to come to the therapy room for the GIM session. This unilateral

termination also meant that she disconnected with all three therapeutic factors: “Even before she came to the GIM session, she sent me a message via a communication app.”

The last pattern was the client’s disconnect from the therapist while maintaining a connection with music and imagery, as in Dong-Hyeon’s case. His client was a colleague and a trainee of Level 3 GIM. She tried to relate only with the music and imagery and not with the therapist. Although Dong-Hyeon was able to observe his client’s physical actions (kinesthetic imagery) such as hand waving, she did not report what happened in her imagery and did not correctly answer Dong-Hyeon’s questions about it:

Her resistance might have been due to her concentration on her imagery experience when the guide asked about the imagery. However, clients, as colleagues and travelers, should report on their imagery to the guide, right? I think not doing that would be a form of resistance...I just asked what was going on, and she would say, “I don’t know.” She shook her head desperately. She seemed to mean, “Don’t interrupt my imagery experience.” And she seemed to say to me, “You are annoying. Don’t talk to me. I don’t like what you’re doing.”

Theme 2: Clients’ Psychological Issues as the Reason for Their Resistant Behavior

During the GIM reimagining sessions, the participants described how they recognized why their clients had disconnected their relationships with GIM therapeutic factors. All participants found reasons for their clients’ resistant behaviors. The common reason was their anxiety.

The clients tended to disconnect from their psychological issues and emotions, whether or not they recognized their issues and emotional status. The anxiety experienced by Ka-In’s

client was caused by her issues with her mother as well as an unexpected termination of the client–therapist relationship, as Ka-In received a job promotion and needed to move to another therapy institute. The unexpected termination led Ka-In’s client to feel anxious. Ka-In explained that anxiety was her client’s main issue because of her abandonment from her mother during childhood. Therefore, Ka-In assumed that her client’s anxiety from the recurrence of unexpected separation led the client to reject the task of listening to music to avoid facing the emotional challenge of music. During the preparation period for the termination, Ka-In emphasized that the assessment of her client’s attitude toward the unilateral termination was different from her client’s actual feelings:

I understood that my client’s anxiety increased as the end of the therapy sessions approached. At that time, I thought she would fully understand why she could not attend the GIM sessions anymore. On the contrary, now I realized that she considered the unexpected termination as a stressful situation. During the termination process, my client might have thought, “Anybody I trust leaves unilaterally, regardless of my will.” She also might have thought, “I can’t do anything. I repeatedly experience the unexpected, and unilateral separations repeat in my life...I’ve been trying hard to overcome the bad environment, but there are many things that I can’t overcome. Moreover, only bad things happen to me. I’m having a hard time, but other people are doing fine (especially my mother).” My client seemed to feel a sense of shame like, “I have no one to share all this with.”

In Mi-Yeong’s case, both the main issue and the projection of her mother’s image onto Mi-Yeong were reasons for her client’s resistant behaviors. The client wanted to show her mother

how successful she was, but because she felt unsuccessful, she had projected her mother onto Mi-Yeong. The client did not want to come to the sessions because the client felt that she should have opened her faults to Mi-Yeong. In other words, her anxiety of admitting her weakness led her to declare the termination. As a result of the therapy termination, Mi-Yeong's client would not have more chance to connect to all GIM therapeutic factors.

My client projected her mother onto me. So she wanted to be kind to me and look good and show that she has changed. In everyday life, her anger toward her mother was directed toward her twin babies, and this led her to blame herself. So, she hated coming and began to ask the question, "How long do I have to do this?"

Jee-A voiced her frustration and the dilemma in her thoughts. On one hand, she thought that she had to wait for her client until he is ready to face his life issue. On the other hand, she was eager to apply confrontational intervention by dragging him to what she thought he should be.

Sometimes I continuously tell myself to wait until he is ready. In contrast, I am anxious to achieve therapeutic goals. When I felt frustrated in working with him, I thought about referring him to another GIM therapist. However, whenever I saw his resistant behavior, I tried to restrain my impulse to drive him to what I thought he should be. I told myself not to lead him by my will.

To understand clients' resistant behaviors during GIM sessions, participants tried to find the reasons for clients' resistant behaviors. The reasons varied, from childhood, current unresolved conflicts with significant others, and conflicts with their personas.

Theme 3: Giving Time and Space to the Client When Resistant Behavior Surfaces

Participants gave time and space to their clients when perceiving their clients' resistance. To create temporal and liminal boundaries for their clients, participants chose less provocative music programs, voiced words of empathy, and endured resistant behaviors. So-Hyeon described her fundamental thoughts about how to react to her client's resistant behaviors:

During the music-imaging phase, I tried harder to give my client more time or space in the direction my client wanted. However, in the postlude discussion, I asked more questions and gave more opinions about my client's imagery experience. I wondered how my client recognized the imagery.

Both A-Rin and Dong-Hyeon also described providing more time and space to their clients:

A-Rin: After noticing my client's resistance in the GIM sessions, I thought I should go slowly and avoid selecting heavy and intense music. Because those things (resistance) have to be accepted naturally, I selected Level 1 music (more inviting and welcoming, and less provocative) programs for my client.

Dong-Hyeon: It took a long time for my client to respond to my questions (verbal intervention) during the music and imaging phases of the GIM sessions. So I thought, "Oh, I'm going to have to give her more time [by asking questions less frequently]. I don't want to get involved too often." Maybe my thoughts involved countertransference to my client.

When the participants recognized their clients' resistance, they tried to provide more time and space to their clients, especially during the music-imaging phase of their GIM sessions.

Theme 4: Negative Feelings About Client Resistance

All participants experienced negative feelings related to their clients' resistant behaviors. The types of resistance varied and included inadequate responses to the therapist (A-Rin), lack of responses (or unrelated responses) to the therapist's intervention (Dong-Hyeon), the client's declaration of therapy termination via a communication application (Mi-Yeong), and falling asleep during the music-imaging phase (Jee-A and So-Hyeon). The participants felt negative feelings such as frustration, overwhelming burden, rejection, anxiety, and unpleasant surprise. For example, Mi-Yeong wondered what she had done wrong as a GIM therapist. Also, the emotional experiences of A-Rin and Dong-Hyeon highlighted the participants' emotional reactions to their clients. When A-Rin was working with her client, she felt a sense of embarrassment. A-Rin's feeling came from thinking that her client's response was beyond her capacity to handle:

I got embarrassed. I tried to see why and to figure out whether to intervene actively or to wait until her resistance subsided. I was worried.

Dong-Hyeon felt that his client distrusted him and refused to accept him as her therapist:

Her face seemed to say to me, "Oh, it is annoying. Do not make me talk. I do not like what you're doing."

The resistant behavior of Mi-Yeong's client led her to feel self-doubt about her clinical work as a GIM therapist. When her client announced her intention to stop attending GIM sessions, Mi-Yeong questioned whether she had done a lousy job as a therapist.

I flinched a little at that moment, and I was surprised. "Was it my fault?" I was surprised by my client's words, "Oh, I want to stop!" Well, there could be many reasons. Money can be one of the problems, or my client might be tired. I was worried and thought, "Did

I miss anything?”

All participants felt negative feelings toward their clients' resistant behaviors without considering their own responses consciously or unconsciously.

Theme 5: How the Participants' Imagery Unfolded

This theme relates to how the music-imaging phases of the participants' GIM reimagining sessions unfolded. This theme has two sub-themes: participants' experiences with imagery representing as well as themselves, their clients, and the relationships between them as well as structural characteristics of the imagery process.

Sub-theme 1: Experiencing imagery representing participants, clients, and the relationships between them

All participants experienced imagery related to themselves and their clients. The timing and appearance of the images in the GIM sessions varied. However, most participants experienced imagery representing themselves as GIM therapists and of their clients as attending GIM sessions. In this vein, all participants had chances to compare themselves to their clients. There are two patterns under this sub-theme.

Pattern 1: The participant as the GIM therapist and the client as the client

The first pattern was the imagery experience in the sessions in which participants appeared as GIM therapists for their clients. The induction phase of the GIM reimagining session

included the suggestion of the starting imagery, which was of the participant sitting beside his or her client. Each participant showed two patterns of imagery flow initiated from the starting imagery. Among the participants, A-Rin, Dong-Hyeon, Ka-In, Mi-Yeong, and Jee-A experienced imagery as GIM therapists. In their imagery, their clients also appeared as clients.

Unlike the other five participants, So-Hyeon experienced a sudden disappearance of the imagery representing her client right after her guide suggested the image of So-Hyeon sitting beside her client.

At first, I was sitting in front of my client. But suddenly, when the music started, a white and round moon rose above her. Then the client suddenly disappeared, and I was on a mountain.

The imagery experiences of Ka-In and Jee-A are examples of this pattern. In Ka-In's imagery experience, she met her client in the counseling room of her workplace. She felt sympathy for her client, who had not understood the therapist's intention to help. In the postlude discussion phase, the guide reminded Ka-In of the content of the imagery:

I feel like I've been watching that scene on top of my counseling room...It reminded me of a person who said she wouldn't listen to music. It's frustrating. It would be nice if we could solve her issue together while listening to music, but I'm so sorry that she can't find her way to do that.

In Jee-A's music-imaging experience, the whole GIM reimagining session was exactly the same as her experience of the GIM session with her client. The one difference was that her imagery as a GIM therapist portrayed her as a woman dressed as the Virgin Mary. Her client also appeared as her client in the imagery:

Guide: Are you with your client?

Jee-A: Yes. He seemed to ask me to play the music, meaning to begin the GIM session...I am guiding my client.

Pattern 2: Relationship between participants and clients in imagery

The second pattern was the reflection of the relationships between the participants and their clients in the imagery experience. Participants realized or reaffirmed either similar or different characteristics from their clients through their imagery experience.

The imagery experiences of So-Hyeon and three other participants showed this theme clearly. In A-Rin's imagery experience, she confirmed that she and her client shared a similar pattern of avoiding their own emotions. A-Rin wrote about this similarity with her client in her reflection note:

My imagery experience seemed to be related to my client's tendency to avoid her own emotion...My client repressed her feelings. And I neglected my client's resistance. I have something in common with my client who wants to be nice.

In her reflection note, Mi-Yeong also wrote about confirming her understanding of the similarity between herself and her client. Her imagery experience enabled her to reaffirm the analogy that came from the imagery experience. Mi-Yeong said that the imagery experience was not only for her client but also for her. Mi-Yeong and her client took turns adopting the role of the protagonist in Mi-Yeong's imagery experience during her GIM reimaging session:

Both the therapist and my client shared a firm ego, highlighting the notion that "You have to do well." In that sense, both of us were very similar, so my client's journey was

also the therapist's journey, like a seesaw game.

In Dong-Hyeon's experience, he noted different characteristics when he, as a GIM therapist, experienced his client's communication patterns with him during the GIM sessions. His client did not report her imagery. Her way of communicating was different from his. Dong-Hyeon re-evaluated his client's resistance as a genuine response during his own imagery experience. In Dong-Hyeon's GIM therapy sessions with his GIM therapist, by contrast, Dong-Hyeon reported feeling like his therapist dragged him toward the direction the therapist wanted him to go during the GIM sessions. Dong-Hyeon explained that his experience was like being pushed by his therapist. In his own GIM session, Dong-Hyeon tried to answer his GIM therapist's verbal interventions, even though he did not want to. He tried to figure out what he should have done during the past GIM sessions instead of what he had wanted to do:

My client must have genuinely experienced her imagery. She was expressing her issues and her internal energy through her body. If she did not want to answer me, she just didn't. I always answer my therapist even when I do not want to. I did, even though I felt like I was being dragged along by my therapist. On the contrary, my client seemed to be true to herself.

The imagery representing either or both the participants and their clients unfolded in the following steps. Each step represents the relationships between the participants and their clients.

Sub-theme 2: Structural characteristics of the imagery process

Another sub-theme of the fourth theme was the three structural characteristics of the participants' imagery processes: crisis, resolution, and acceptance.

Crisis

Crises included the need for change, emotional conflicts, stuck situations, paradoxes or chaos, demanding situations, and challenges in the participants' imagery experiences. The relational and situational conflicts and emotions latent in the disputes were essential factors in describing the crises.

A crisis arose when Ka-In's client showed resistance to the GIM sessions. As Ka-In reflected on her client's refusal to listen to the music in her own home, she felt great weight on her chest, and this sensation turned into back pain:

Ka-In: That person came to my mind. She told me she wouldn't listen to music. I felt stuck. It would have been nice if we could solve it together while listening to music, but it's too bad that she seemed not to be able to find the way.

Guide: Where do you feel stuck physically?

Ka-In: I have a stiff back.

Guide: My back. I can feel it in my back.

Ka-In connected her back pain to her stress responses in her daily life. Her kinesthetic imagery of pain has never appeared as her imagery during her previous GIM session. In her everyday life, her back pain was related to her esophagitis and was a physical symptom that occurred when she was in a stressful situation:

Guide: Have you ever felt the back pain in your imagery?

Ka-In: No, not really. It has never been in my imagery before, but when I have stress, my esophagitis sometimes recurs like this (with back pain)...referred pain (synalgia)! The symptoms of esophagitis, for me, have been like this, feeling the pain in the spot on my

back...So if I am in a stressful situation, before showing the symptoms of esophageal inflammation, I can feel the pain in the spot on my back...I felt the pain in my back when I first remembered those scenes when I listened to the music (in my GIM session with the therapist). Referred pain (synalgia) is from a different body part. The painful part was not the origin of the pain.

One source of Ka-In's stress was the dilemma regarding her eagerness to help her client. She was frustrated by the time limit imposed by Ka-In's transition to a new job and the gap between Ka-In's expectations to her client and her client's actual level of therapeutic progress. Ka-In was eager to have her client get better as fast as she could, before her transition to a new job:

I couldn't help but feel her pain as a child! I realized how hard her childhood trauma must have been. I desperately wanted to help her recover. But I only had limited time with her.

Moreover, Ka-In felt that her client slowed the therapy process by revealing the same problems in the GIM session. Her client's pattern was in opposition to Ka-In's desire for a successful termination of the client–therapist relationship (i.e., achieving therapy goals):

Ka-In: There was a time limit for the GIM sessions with my client. She had not been able to overcome the feeling that her mother had abandoned her. Every time she showed some progress during the GIM session, she came back with another problems, again and again...Regarding her relationship with her mother, once she had shown improvement in the relationship, it kept getting worse afterward. My client repeatedly showed a pattern of ups and downs.

In this vein, Ka-In wrote an explanation for the meaning of her back pain in the reflection note. She connected her kinesthetic imagery with the regret that she was not able to care for the client for the long duration of this clinical case, which was compounded by her own stress in preparing her PhD dissertation:

I hope that [my client] will be like that (achieving therapy goal), but at the same time, I am sorry that I didn't take care of [my client] to the end, and I wish to escape the burdens of this long-standing case. It reflects the frustrating state of mind of preparing my dissertation.

This feeling of being “stuck” came to Jee-A in her imagery experience. Jee-A's first crisis was her client's image of crouching and crying in the corner of the room. To help him, Jee-A invited him in and served food. Her client accepted her invitation, came to the table, and started to eat, but there was no more communication between them. The only way for Jee-A to reach him was to wait until he ate the food. Jee-A felt pleased to watch his eating. This meant that he accepted Jee-A's offering.

Jee-A worked as a guide for her client in her imagery experience. In Jee-A's imagery experience, her client was lying down and asked Jee-A to start the music for his imagery experience. After starting the music, he did not comment on his imagery or respond to her verbal interventions. Jee-A chose to wait. After a while, he turned his back toward Jee-A, which she interpreted as his refusal to listen to the music:

Guide: Are you with him?

Jee-A: Yes. I know what he wanted to do. He wanted me to turn on the music quickly.

He was asking me to do a GIM session. He seemed to want to hurry and start the GIM

session. I am the GIM guide for him. He is not telling me anything.

Guide: Can you tell me what you are doing?

Jee-A: I am watching him. He turned his back to me. He seemed to refuse to listen to the music.

The crisis reflects the participants' emotions and conflicts in their therapeutic relationships with their clients, such as the stress in trying to achieve a happy ending within a limited number of sessions in Ka-In's imagery and sensing the client's sad emotions but having no communication in Jee-A's imagery.

Resolutions

The resolutions are in response to the crises and include all changes the participants have made in their imagery related to the crises. Therefore, a resolution in participants' imagery experiences could be based on a decision to wait for the client's response, such as relocation from a stuck situation. It could also be based on breaking the confinement, transforming into another creature, serving the person who had the problem, and leaving the person alone. In Dong-Hyeon's imagery experience, music was the turning point. In one moment of his imagery experience, he had been stuck in the space, surrounded by plaster. The hardened surface of the plaster locked him up, so he was unable to break through the hard surface by himself. Music knocked on this hard surface. This vigorous knocking enabled Dong-Hyeon to move to a different imagery:

I think it was music that made the turning point...I could not break the plaster from the inside, because it was so solid. Music came and knocked on the outside of the plaster.

And after that, I was able to shift to a different imagery.

In the postlude discussion phase, So-Hyeon explained the meaning of her imagery of a girl descending from a high mountain. The critical points of her crisis were twofold: her emotional conflict between prioritizing her family members' needs over her own needs and wants and her identification with the girl in her imagery:

The girl who was coming down from the high mountain was frank, neat, and dedicated to her family, and she prioritized her family members' needs before her own needs and wants. I felt like her tightly closed lips were mine. Also, I felt that her inability to speak became mine. I felt that her legs and feet became mine. The girl felt like my inner child. I felt sad because she was trying to suppress her surging emotions. The child seemed to have a goal or a reason to try hard at what she got to do first. The girl in the imagery and my emotions must have been my personality, which has been coexisting with me.

The essential symbol of So-Hyeon's resolution phase was a pair of red shoes. So-Hyeon pointed out that the shiny red shoes for the girl were not a reward for doing something for her client but rather a sign of the unconditional love that the girl was receiving. So-Hyeon guessed that the entities giving this love might have been the girl's parents or God. Regardless, the shoes depicted unconditional love. The people who cared for the girl in the imagery prepared and polished the new red shoes for her:

Guide: You said [in the music-imaging phase] that someone wiped the red shoes well for her and "I think they love her a lot."

So-Hyeon: As I think about it now, isn't it her mom or dad? Mom, or Dad, or God? The person showed the girl the elders' love for the young. The red shoes were not a reward for my sitting in the wood house, even on a cold night, or my constant attempt to do

something. They love the girl.

Guide: Literally, unconditional love?

So-Hyeon: Yes.

In this resolution phase, the participants presented their ways of resolving or responding to the crises that appeared in their imagery. Dong-Hyeon's resolution came when the music allowed him to break through to another kind of imagery. So-Hyeon's resolution happened when she felt the unconditional love symbolized by the shiny red shoes.

Acceptance

The last pattern was acceptance. In this phase, the participants accepted situational, behavioral, or morphological changes. These changes were the result of the resolution phase. This pattern includes insights about the participants and their clients. The imagery experiences of Mi-Yeong, A-Rin, and Ka-In revealed those changes.

The critical point of Mi-Yeong's acceptance phase in her imagery experience was the oblation of her soul orb to God. This scene is a ritual:

Mi-Yeong: My way of thinking, gorgeous body, and my heart are all precious to me. I want to show all of myself to You (God). The whole of me is what You gave me. So, I want to show You all of myself. That's why I'm giving it to you.

Guide: You are giving the orb of your soul to Him.

Mi-Yeong: Yes. I've been through all this, all this stuff in my heart, and now I love it. So, I'm thankful to give this to You, for this is how You made me.

Mi-Yeong connected this spiritual imagery of oblation with her insight about her attitude as a therapist. What Mi-Yeong experienced in her imagery enabled her to get assurance about her way

of guiding clients in GIM sessions:

Oh, now I can go on like this [my way of guiding my clients]...but I guess we can go, like now. I think that's what I thought.

Both the experiences of crisis and resolution enabled A-Rin to gain insight about how she should have assisted her client to achieve her therapeutic goal rather than showing resistance. The stuck situation in her crisis occurred due to the verbal communication with her client who tended to ask questions unrelated to the imagery process during the music-imaging phase of the GIM sessions, such as "Can you hear my voice?" and "Do you want me to tell you everything I see, or just a little bit?" A-Rin recognized that her client's questions were an attempt to avoid her emotionally charged imagery. To show her acceptance of her client's resistance, A-Rin tried in her verbal interventions not to lead her client to ask unrelated questions, but it was too difficult for A-Rin to respond spontaneously to her client's imagery during the GIM sessions.

A-Rin's kinesthetic imagery during the music-imaging phase of the GIM reimagining session involved screaming and hand movements—expressions that were non-linguistic and non-verbal. The imagery enabled A-Rin to express her buried emotions. Her imagery experience enabled her to consider another type of imagery. The resistant behavior of A-Rin's client appeared as verbal expressions, such as asking questions that were not related to the imagery process. A-Rin regretted not suggesting her client to express whatever in making sound, such as screaming like A-Rin did in her GIM reimagining session:

A-Rin: My big task these days is to write a paper, and I keep trying to bury it, because if I recall all the hard feelings with my parents and my family, I won't be able to concentrate on the paper at all. I've been controlling my own big feelings so they don't

come up. I thought that my client tried to keep a straight face to protect herself, although the situation and purpose are different from mine.

Guide: So, when the patient's situation overlapped with mine but was also separated from mine, was there anything related to him?

A-Rin: When I was screaming while listening to music, I thought, "Oh, I wish this person had shouted, too." When I expressed it with my hands, I said, "Oh, I wish I could have helped you to express it like this."

To describe Ka-In's acceptance, a summary of her crisis and resolution is needed. Ka-In's crisis in her imagery experience was her back pain while she was submerged under the ocean. The back pain was a symbol of her frustration and regret over her client's refusal to listen to music. Ka-In's resolution occurred when she was flying over the surface of the ocean as a big green bird. She became aware that her pain had gone away.

Ka-In experienced transformational imagery and the meaningful behavior of the imagery. During her imagery experience, she transformed into a big bird and slowly flew away. Instead of the blue of the ocean, Ka-In saw the scenery in all green. Then her viewpoint changed from first person to third person. She was the big bird, which was green, flying toward a bright place. Ka-In accepted the transformational imagery but felt it was unfamiliar. Then she saw the big bird flying over the sea at sunset and found that the big bird was flying toward the land. She understood that the slow flight represented the struggle to find stability:

I feel that I transformed into a big bird and flew. I am flying very slowly. I think it's all green down there. I see myself flying...I'm all green, too.

In her redescription, Ka-In connected the meaning of this imagery with issues in her everyday

life. She realized that she was emerging and rising above the ocean's surface:

I flew up to the sky and watched the open sea and the land where I can land. All my behaviors seemed to be typical trials that were related to my wish to find stability.

In the second imagery, Ka-In came back to her therapy room where she had engaged in the counseling session with her client with no music because of her client's refusal to listen to music. In the scene, Ka-In accepted two things: first, that she tried her best to achieve good results for her clients; and second, she was sensitive to achieving good results in order for her to be recognized as a good therapist:

Ka-In: I'm back in the consultation room. I can see the sofa, desk, and furniture in the counseling room, and I can feel the GIM sessions I did in there.

Guide: How do you feel watching it?

Ka-In: I think we've been working really hard.

Guide: Well, I had a lot of trouble. Yeah. What are your feelings?

Ka-In: [Deep breath] I think I was sensitive. I think I've become sensitive to the idea of getting good results.

In the reflection note, Ka-In evaluated her imagery as a chance to organize all she had done as a therapist. She also highlighted that her imagery experience enabled her to develop a new enthusiasm for GIM therapy:

I needed to organize all the treatment activities in the treatment room, and it seems to have been arranged through my mental experience. Also, the imagery experience brought me a new desire to face new challenges as a therapist.

The participants showed confidence in themselves (Mi-Yeong, Jee-A), a new perspective

on how to guide their clients (A-Rin), and a recognition of their strengths and weaknesses through their clinical experience (Dong-Hyeon, Ka-In, and So-Hyeon). In the three examples described, Mi-Yeong gained reassurance of the attitude she had demonstrated with the client and was able to admit it to herself. A-Rin gained insight into how to solve the stuck situation in her clinical work with her client on behalf of her imagery experience during her GIM reimaging session. Ka-In acknowledged how hard she had worked for the client. However, she also admitted that she was sensitive to the therapy outcome, which could be the standard of measuring her competency as a therapist.

The imagery experience led participants to gain insight into what they needed to review in their therapy work, such as self-monitoring and evaluating their work as therapists and gaining support for their clinical work.

Theme 6: The Participants' Insights About Their Clients' Resistance

The sixth theme concerned the change of participants' perceptions of their clients' resistance, from the initial negative evaluation to the acceptance of clients' resistance as a natural step of the therapy process.

A-Rin explained how her perception of the client's resistance changed. At first, A-Rin told her client several times that this resistance would be natural during the therapy sessions. However, because there was a similarity between her resistance and her client's, A-Rin eventually decided not to provoke her client to explore more about her resistant behaviors:

[My client] didn't want to show that she has psychological wounds or issues, but I don't think I had to broach the topic with her, because I'm also a person with those aspects. So,

I think I told her several times that it's natural to resist during a session.

A-Rin's reflection note indicates her realization of how she could accept her client's resistance and adopt a receptive attitude toward that resistance. A-Rin admitted that A-Rin's psychological and life issues led her to ignore her client's resistance, instead of actively working with it. Because of the similarities between her client's issues and her own, she decided not to confront her about her resistance (i.e., the client's pattern of not being absorbed in the imagery experience):

I knew the resistance of the client. Actually, in my mind, I did not want to have an uncomfortable relationship with her. So, on the surface, I might have thought to wait until my client got ready... This ambivalence might have been my excuse for myself... There seems to be a similarity between my client and me. My client tried to repress and neglect her feelings. I have another aspect in common with my client. My client wanted to show how excellent she has been. Not only because of the resistance of my client, but also because I wanted to protect my persona, I neglected my client's resistant behaviors.

In the postlude discussion phase of the GIM session, Dong-Hyeon explained how his thoughts about his client's resistance changed. Dong-Hyeon already knew that the client's resistance, which manifested as not answering his questions about imagery or rejecting his intervention for her physical (kinesthetic) imagery, could have been the result of the client focusing on her imagery experience. However, Dong-Hyeon felt that her resistance was actually the result of her egocentric behavior and self-protection. Therefore, it became possible for him to accept his client's resistance as a natural step in the therapy process:

So, in an objective situation, it is my client's resistance. My imagery and thinking about my client's experience enabled me to realize one thing about her resistance. My client, in a way, devoted herself to her imagery experience, even though she was so egocentric that she was only focusing on protecting her identity and on experiencing her imagery fully. To protect her right to experience her imagery fully, she threw away my intervention. My imagery experiences today enabled me to think about my client's resistance from a different angle: Would it be okay for me to accept my client's attempt to protect herself and to experience her imagery fully as her natural response?

Mi-Yeong recognized her client's resistance as a natural step in the therapy process.

After receiving a text message from her client informing her that she wanted to cease the therapy sessions, she realized that the inevitable had arrived:

My client texted me that she didn't want to come to the treatment room at the day for GIM session. So, I thought, "Oh, it's finally here! There's a whopping resistance coming up!" and I said to her, "Yes, you don't have to continue the GIM sessions, so come talk to me, but you have to look at my face today and do it over here." That's what I said.

So-Hyeon also accepted her client's resistance as a natural step of the therapy process.

She perceived that sleeping during the GIM session was her client's form of resistance but thought that her client would engage with her imagery when ready. While So-Hyeon was waiting for her client's imagery exploration, she felt that the therapy process was made harder, but So-Hyeon was able to endure her client's resistance as long as it was not personal:

I don't think I was that worried. I might have thought, "The client just doesn't want to get into it." I gave my client time. I also told myself, "It's okay." Instead of trying hard

to bring her in and wake her up, I must have thought, “Oh, you just refuse. You just don’t want to do it. It’s okay. You came to the treatment room to meet me and to attend the therapy session. So, her attendance (intention for therapy) was a big deal (and her resistance was not a big deal).” However, I have never thought that my client rejected me. If I had thought that my client personally rejected me, I would not be able to work with my client. Moreover, if she hated me, she would not come to the therapy room.

Most participants are able to develop hindsight about the reasons for their clients’ resistance even before the imagery experience, but the imagery experience enables them to accept their clients’ resistance as a natural step of the therapy process.

Theme 7: Caring for the Participants Themselves

Participants gained insights not only regarding their clients but also about themselves through the imagery experience. Their insights involved acting as GIM therapists for their own personal needs. As GIM therapists, participants experienced the imagery of caring for themselves and their clients. Although the goal of therapists is to care for their clients, caring for their own needs is also essential. In this vein, the imagery experiences enabled participants to focus not only on the clients they chose for this research but also on themselves.

The imagery experiences of Dong-Hyeon, Jee-A, and So-Hyeon exemplified this theme. In Dong-Hyeon’s imagery, he tried to care for his client during the GIM session by trying to read his client’s countenance and thereby adjusting to her imagery. His pattern of trying to please his client displays his primary concern for his client. During his imagery, he became nervous due to fear that he might not be able to follow his client’s imagery:

And I’m nervous. I’m afraid I can’t match myself to her. I am trying to read her

countenance. I must follow her. It's getting worse.

Regarding Dong-Hyeon's self-care, he realized that his client's delayed response or ignorance of his questions were evidences of his client's resistance. This awareness, which came through his imagery experience, enabled him to maintain his pride as a therapist despite the client's resistance. In addition, some parts of the resistance could be the client's responsibility:

My client might not have responded well to my interventions because my skill was not good enough at that time. But, in some areas, not all of her resistance was my responsibility. It would be hard for even a very experienced GIM therapist to deal with this client's resistance. This is what makes me proud of my skill as a GIM therapist.

Jee-A's imagery implied caring through the visions of the Virgin Mary and the image of feeding her client. Jee-A explained the meaning of the Virgin Mary and described what she was doing with her client as a form of mental parenting. Her client had experienced school violence from his elementary school through high school years. During the last year of high school, he intended to drop out, but his parents stopped him, without knowing that he was being bullied at school. The client had never informed his parents about his school life:

Guide: When you're with this child (the client), which side of this Virgin Mary is present?
Can you point out the aspect?

Jee-A: Maybe motherhood. More than motherhood for a biological child...I might call it re-raising the child. I've approached him in this way. It's mental parenting...things the child had to do in his development, feeling difficulty in relationships, knowing only the sorrow of being treated as an outcast. However, his mother did not know about how his friends had bullied him. Those things are what I want to recover for my client.

The imagery of the Virgin Mary provided insight into the relationship between Jee-A and her client. After experiencing the imagery, Jee-A mentioned that she wanted to take care of her client. In this way, Jee-A found that she had been trying to influence her client as much as she could:

Now, uh...I found that my concern for my client occupied so much of me. Yeah, considering my spiritual area, experiencing the Virgin Mary imagery itself. I didn't create the Virgin Mary imagery [instead of creating immediate imagery]...it just came to me naturally. I did not intend to be shown as the Virgin Mary. So I became aware that I was trying to influence him a lot. That's what I found out today.

To Jee-A, the imagery of the Virgin Mary illustrated the care of a GIM therapist, expressed through giving consolation and energy. In the reflection note, she depicted how the Virgin Mary in her imagery could relate to her through comfort and empowerment.

I always thought I was a therapist with a lot of flaws. From my images, I saw that day I was able to find comfort and strength.

In So-Hyeon's imagery, the log cabin was a symbol of her care for her client. So-Hyeon developed insight into how the imagery of the log cabin might represent her attitude toward her client. In her imagery experience, So-Hyeon took care of the house for her client, even though her client was not there yet. If the client did not respond as much as So-Hyeon had anticipated, she could have considered the gap between her expectation and her client's actual response as her client's resistance:

I might have gone faster than my client, running in front of her. I might have worried that my client should have done this or reached this much. In the next session, I might

have thought, “She should have shown this much progress.” I admitted that this could be my pattern. If my clients did not achieve the goal I set in advance, I might have judged them as resisting the therapy. Yes, this is possible. This thought just came to me now. In my imagery experience, I turned on all the lights in the room and did other tasks to prepare the house for my client. However, my client had not yet descended from the mountain.

Within So-Hyeon’s self-care, the red shoe was a symbol of unconditional love for her. Authority figures, such as parents and God, cared for So-Hyeon in the imagery.

Guide: You said (in the music-imaging phase) that someone wiped the red shoes well for her and “I think they love her a lot.”

So-Hyeon: If I think about it now, isn’t it her mom or dad? Mom, or Dad, or God? The person gave the girl the elders’ love for the young. The red shoes were not a reward for my sitting in the wood house, even on a cold night, or my constant attempt to do something. They love the girl.

Guide: Literally, unconditional love?

Their imagery experiences enabled the participants to care not only for their personal needs such as giving and receiving unconditional love, but also their professional identities as GIM therapists, such as maintaining boundaries or therapeutic distance with their clients.

Each participant picked one clinical case for this research. In every case, there was at least one rupture in therapeutic relationships with music, imagery, and/or the therapist. In dealing with their clients’ resistance, throughout all five steps of the GIM sessions, the participants gave time and space to their clients by waiting until their clients were ready to deal with their own

resistance. However, this kind of intervention sometimes came from their own beliefs, as well as their theoretical beliefs, which is a humanistic approach used in psychotherapy (Bonny, 2002a).

During the music-imaging phase of GIM sessions, the participants experienced imagery representing themselves, their clients, and the relationship between them. Moreover, their imagery unfolded through three steps: crisis, resolution, and acceptance.

The participants' imagery experiences enabled them to change their perceptions of their clients' resistance. They began to accept this resistance as a natural part of the process of exploring their emotions, and they began to realize how to care for themselves not only as persons but also as GIM therapists.

By reconsidering the selected clinical case and exploring the dynamics of the clients' GIM sessions, the participants' perception of their clients' resistance changed. These perceptual changes in their understanding of the concept of resistance gave participants awareness of the imperativeness of self-care (A-Rin), stronger identities as GIM therapists (Dong-Hyeon), renewed aspirations for GIM therapy (Ka-In), and a fuller understanding of their personal needs (Mi-Yeong, Jee-A, and So-Hyeon).

Chapter 5

Discussion

The first research question focused on how GIM therapists understand their clients' behaviors of resistance. Five themes were related to this research question. The first and second themes showed how participants perceived their clients' resistance before their imagery experiences that occurred during the GIM reimagining sessions. Those two themes could be related to interpersonal and intrapsychic characteristics of resistance. The third theme was related to how their understandings about clients' resistance affected their attitude or interventions to their clients. The other two themes, the fourth and sixth themes could represent how their perceptions of that resistance developed and expanded after the music-imaging phase of their GIM reimagining sessions.

The first theme revealed that the disconnects between clients and GIM therapeutic factors were due to both the failure to achieve the participants' clinical intentions as GIM therapists as well as their clients' transference resistance. The first theme was about the break in the participants' therapeutic relationships with the clients and with at least one GIM therapeutic factor. This theme revealed three sub-themes: (1) disconnect from music and imagery while maintaining the relationship with the therapist, (2) disconnect from all therapeutic factors, and (3) disconnect only from the therapist while maintaining the relationship with the imagery.

Regarding the participants' viewpoint on resistance, the first theme seemed to relate to the interpersonal characteristic of resistance. The interpersonal viewpoint to resistance included the "process that occurs in interactions among people" (Beutler et al., 2002, p. 210). The

disconnect with GIM therapeutic factors could be related to the interpersonal characteristic of resistance.

The second theme showed that participants understood the intrapsychic characteristic of resistance. The intrapsychic perspective considered the client's repressed motives, fantasies, and thoughts as the source of his or her resistance (Beutler et al., 2002). Participants described the source of their clients' resistant behaviors. Those sources were clients' emotions and thoughts, which were clients' interpsychic characteristics. During the preliminary conversation in the GIM reimagining sessions, all participants discussed the relationships between the issues in their clients' personal lives and the resistant behaviors they exhibited during the GIM sessions. Their recognition of the reasons for resistance meant that all participants had contemplated these reasons previously. Their attitude toward their clients' resistance is related to Abbott's (2007) second theme, which was "understanding the client" to "identify the client's main therapeutic issues" (p. 12). Abbott explained that the process of identifying the main issue enabled her participants to follow their clients' therapeutic work.

These results align with those of Gelso et al. (2005), who suggested that therapists' perceptions about their clients' negative transference tended to be correlated with therapists' perceptions about the negative evaluation of the quality of the therapy results (i.e., smoothness of the therapy session). Both the ruptures considered in the first theme and the participants' negative emotional responses to their clients' resistance in the fourth theme manifested the participants' perception that their clients' resistant behavior was negative transference. Moreover, the quality of the therapeutic alliance is the critical variable determining the quality of the therapeutic result (Horvath & Luborsky, 1993).

Although not all participants evaluated their clients' resistance as negative transference, the participants who highlighted their negative transference toward one of the GIM therapeutic factors mentioned that the GIM sessions with their client did not go smoothly. Although this evaluation was not an overarching theme for all six participants, three participants (A-Rin, Dong-Hyeon, and So-Hyeon) showed similar patterns. A-Rin stated that her client tried not to relate to music and imagery, to avoid her own emotions and to retain her persona as a good and elegant lady. A-Rin's perceptions and understandings led her to evaluate the session results as not good enough. Both Dong-Hyeon and So-Hyeon also evaluated that their GIM sessions did not go smoothly.

The third theme of this research, giving time and space to clients, is related to GIM therapists' clinical intention of "managing the therapist-client relationship" (Abbott, 2007, p. 10). Abbott's participants tried to empathize with their clients' imagery experience rather than creating the therapist-client relationship during the music-imaging experience phase of their GIM sessions. They used words of empathy and tried to be supportive of their clients' experiences. To empathize with their clients' imagery process genuinely, Abbott's participants tried to bracket their predictions or desires about their clients' imagery processes. Likewise, the participants in this research tried to accept their clients' resistant behaviors. To be fully present with their clients' resistant responses during the music-imaging phase, A-Rin selected GIM music programs that are supportive and encouraging. Also, both Dong-Hyeon and So-Hyeon tried to give their clients time and space after they noticed their clients' resistance.

The participants' choice to provide time and space to their clients is consistent with the findings of Beutler et al. (2018). The result of the meta-analysis of 13 controlled studies

(including 1,208 participants) showed that providing less directive intervention to clients who show a high level of resistance is an effective strategy for improving the quality of the therapy results. In this vein, participants' attempts to provide time and space can be effective in dealing with their clients' resistance.

In addition to the therapist's theoretical foundation, Rautalinko (2017) saw the therapist's directiveness as an attitude and an inherent trait. Attitudes are important to understand because they "predict intentions and behavior regarding an object, link information processing to memory and, to affect, aid decision making, and protect self-esteem" (Rautalinko, 2017, p. 602).

Abbott (2007) suggested another aspect of participants' giving time and space to their clients. Her participants, who were professional GIM therapists, intended in their interventions to manage the boundaries of the therapist–client relationship. Abbott described "maintaining boundaries" as "minimizing or eliminating any confusion a therapist might have between his/her own experiences and those of the client" (p. 11). Because loss of the boundary can cause therapists to intervene inappropriately, Abbott's participants reported that they "took a moment to bring into awareness their own experiences" (p. 11). Likewise, participants in this research got a chance to examine themselves deal with their clients' resistant behaviors by providing time and space to their clients during the music-imaging experience of the GIM sessions.

The sixth theme, the change in participants' attitudes toward their clients' resistance, is similar to the concept of *perception* in the psychoanalysis literature. Both the fifth and sixth themes represent what participants received from their imagery experiences. The fifth theme concerned the change in the participants' perceptions of their clients' resistance (from the negative evaluation to accepting it as a natural step of the therapy process), and the sixth theme

addressed the participants' insight from the imagery experience, which involved caring for themselves and their clients.

Lentz (2016) summarized how the psychoanalysis literature shifted its position regarding clients' resistance toward being more empathetic and accepting. Earlier psychoanalysts saw clients who showed resistance as being opposed to the therapeutic progress or to therapists' feedback. More recent literature regards clients' resistance as a serious effort to handle their anxiety. Based on this view, psychoanalysts have tried to show a more positive and empathetic attitude toward their clients. This attitudinal change has urged psychoanalysts to deal with their frustration and to make a more "fresh observation" (Lentz, 2016, p. 601).

This linear development of participants' perception about clients' resistance may suggest to GIM therapists, supervisors, and trainers that it is important to incorporate the new viewpoint about clients' resistance. The training programs for GIM trainees or professional GIM therapists should teach them the importance and usefulness of resistance in the GIM therapy process.

The second research question was about how the GIM therapists' imagery unfolded during GIM reimaging. On this inquiry, the fifth theme revealed two sub-themes: (1) participants' imagery representing themselves and their clients, and (2) the structure in the participants' imagery process. For the patterns of the second sub-theme, the three patterns were (1) crisis, (2) resolution, and (3) acceptance.

In the participants' imagery experiences, there were two kinds of imagery, one representing the participants as GIM therapists and one representing their clients. Also, symbolic relationships represented the relationships between participants as GIM therapists and their clients. The relationships in participants' imagery experiences were consistent with one of

Wagner's (2012) themes and reflected the parallel process in psychodynamic clinical supervision. The first sub-theme of the fifth theme of this study—experiencing the imagery representing participants, clients, and the relationships between them—is consistent with Wagner's (2012) category about the components of music and the mandala session that Wagner used for the participants. Regarding the creative experience of music and the mandala session, participants mentioned that the “image presented in the mandala gave specific insight into the relationship with the identified client” (p. 28). The imagery experience in both Wagner's music and mandala session and the GIM reimagining session for this research enabled participants to gain insights into their relationships with clients.

There were parallel relations between the GIM reimagining sessions in this research and the earlier GIM sessions in which the participants served as therapists for their clients. In this research, all of the participants experienced imagery relating to themselves and their clients. There were interactions or unilateral relationships between the two sets of imagery. The dynamics of these relationships reflected the relationships between the participants and their clients in the earlier GIM sessions. These patterns can be seen as a parallel process. Tracey et al. (2012) described how the parallel process happens in supervision:

The therapist brings into the supervision session the issues that arise in reaction to the client, by recreating the dynamic of the therapy session and enacting the client's role with the supervisor. The supervisor, in turn, is then pulled into the role of the therapist, thus recreating the therapeutic relation in supervision but with the person who is both therapist and trainee switching roles from expert to help seeker. This process is considered to involve the underlying issues of power, authority, dependency, intimacy,

and evaluation that are common across the master–apprentice relationship of supervision and the therapist–client relationship of psychotherapy. (p. 330)

The bidirectional nature of the parallel process was also enacted in GIM reimagining sessions in this research. From the therapy session to supervision, both the fifth theme (experiencing the imagery representing participants, clients, and their relationship) and the sixth theme (change in their perception of clients' resistance) supported the re-enactment of the dynamics and therapeutic relationship of GIM sessions. The therapeutic relationships between participants and their clients manifested in participants' imagery experience.

Both the sixth and seventh theme of this study implied the possible consistency to the downward direction of the parallel process, from the supervision session to the therapy session. Participants gained insight about their clients' resistance and how their own life issues have been related to their perception of their clients' resistance. The present research did not address how GIM reimagining sessions affected participants' clinical work in their GIM session with their clients. However, some participants (A-Rin, Dong-Hyeon, Ka-In, and So-Hyeon) mentioned how their insight would affect their future music-imaging experience during GIM reimagining sessions.

The phases of participants' imagery experience—crisis, resolution, and acceptance—are related to the parallel process that arose from psychoanalysis supervision, defense mechanisms, and resistance to psychodynamic psychotherapy. GIM is a process of internal exploration that allows clients to see their defenses from a different perspective by experiencing the issue through imagery. Thus, the researcher sees what appears to be a crisis and what responses occur beyond defense as a resolution. The insight gained through such a new perspective or response can be seen as acceptance.

This research aimed to examine how Korean GIM therapists understand their clients' resistance. The participants have struggled in response to their clients' resistance during the GIM sessions. A-Rin mentioned her frustration; Dong-Hyeon mentioned feeling rejected by his client; Ka-In addressed feeling overwhelmed and self-doubt by asking, "Why did I do that [to my client]?"; Mi-Yeong had self-doubt; Jee-A and So-Hyeon felt frustration and an impulse to drive the client toward how they thought the client should respond. The participants' negative emotional responses were symbolized as crises in their imagery experiences. In this vein, the participants' conscious or unconscious evaluation of their clients' resistance was reflected in their imagery through the parallel process.

The second pattern of the fifth theme was about the structural characteristics of participants' imagery process. In this research, the flow from crisis, resolution, to acceptance is consistent with the flow described by Grocke (1999). After the crisis phase of the participants' imagery process in this study, there is a resolution phase (the second sub-theme of the fourth theme). The resolution phase is operationally defined as any person's or object's responses to the conflicts in the crisis phase, including situations, places, periods, motivations, or energy that induced situational, behavioral, or morphological changes.

The last pattern of acceptance was the participants' insights about themselves and their clients. This operational definition was consistent with how Grocke (1999) explained the pivotal moment was the resolution of the crisis in their imagery. She defined the pivotal moments in her participants' imagery experience as "the moment...something is transformed or resolved so that there is a feeling of freedom or a resolution of a struggle" (p. 220).

The seventh theme of this study was caring for the participants and their clients. For A-Rin, Dong-Hyeon, and So-Hyeon, their insights about their clients led them to change their evaluations of the clients' resistance. They realized that their clients were absorbed in their imagery experience rather than showing resistance. Regarding the insight for therapists themselves, the participants realized the need to care for themselves not only as GIM therapists but also as people, as was the case for Dong-Hyeon who wrote about the meaning of his imagery experience:

I think my experience of examining my thoughts led me to understand my client. Every person has a different personality. However, there are common things among people.

[My imagery experience] became the bridge to understanding my clients.

Implications of Utilizing a GIM Reimagining Session in GIM Supervision

The GIM reimagining sessions included four benefits as a form of GIM clinical supervision. First, participants assessed clinical issues through the imagery experience, in which their clients' resistance had manifested as their will to disconnect with therapy factors. Second, participants identified their stance within the clinical issues by realizing that they might have had negative emotions to clients' resistance. Third, they gained insight to search for a solution to the clinical issues. They could reconfirm their knowledge about how to work clients' resistance and how their knowledge could be applied to their clinical work regarding their clients' resistance. Their perceptions about clients' resistance changed from a negative one to a natural one in the therapy process. In this vein, the GIM reimagining session is actually a modified version of Bruscia's GIM re-imagining technique. Grocke (2002) used this technique in her GIM supervision with her trainee.

As a form of supervision whose theoretical background stems from psychoanalysis, it is also possible for the concept of parallel process to be used in GIM supervision sessions. The imagery experience itself could reflect participants' thoughts and emotions about their clients' resistance.

Participants' imagery experiences and insights could entitle the GIM reimagining session as advanced supervision. The purpose of advanced supervision is to deepen supervisees' understanding of specific diagnosis, competency in doing multiple roles in clinical relationships with clients, supervisory relationships with supervisees, professional relationships with other professions in the workplace, and self-care (Eyre, 2019). In this vein, GIM reimagining sessions enabled participants to examine their perceptions, recognitions, and understandings about their clients' resistance. This examining process provided an opportunity to understand the parallel process between the GIM sessions and GIM reimagining sessions. This parallel process enabled participants to find how their clients' transference resistance affected the therapy process and the therapists themselves. In this vein, exploring clients' resistance utilizing GIM reimagining session can be the tool of self-care for professional GIM therapists.

Conclusion

Participants' experiences of GIM reimagining sessions focusing on their clients' resistance enabled them to reconsider and change their perceptions about clients' resistance. Participants' imagery experiences represented their evaluations of and their own emotional stance toward clients' resistance. Through this imagery experience, participants expanded their perception of their clients' resistance and how their clients' resistance had affected them as GIM therapists.

Both participants' perception changes about clients' resistance in the GIM reimagining session and the need for self-care may suggest clues to developing a training program regarding the importance and usefulness of resistance in the GIM therapy process. Besides utilizing the GIM reimagining technique as a form of clinical supervision, the curriculum also needs GIM therapists' interest to monitor and improve GIM therapists' competency to work with their clients' resistance.

Limitations and Suggestions

Like any study, there are limitations to this research that are worth mentioning. First, unlike the typical clinical supervision sessions, participants did not have a chance to choose a supervisor for their imagery experience. Participants might have another layer of resistance with the assigned supervisor. Moreover, the pre-existing relationships, regardless of their qualities, may cause another layer of participants' unfolding and understanding of their imagery. In this vein, future research may need to consider giving future participants the chance to choose their guide/therapist/supervisor for their imagery experience and to discuss the relationships with their GIM therapist.

As the second limitation and subsequent suggestion for future research, this research did not consider the level of clinical experience among participants. The various level of experience might have benefited this research. Thus, the researcher recommends extending the requirement to participate in the research to GIM trainees who have finished Level 3 training.

As the third limitation and subsequent suggestion for future research, this study excluded how participants experienced the music and how participants expressed in their mandalas in the GIM reimagining session. The main reason for excluding mandala content was the

researcher's limitation of not having a license to analyze mandalas. A future researcher who is a licensed mandala expert might provide abundant data to understand the participant–supervisees dynamics.

Finally, there were limitations in translating what the participants said in Korean into English. This difficulty in capturing different nuances of the language might have been an obstacle to conveying the participants' words.

In this research, the researcher recruited the GIM guides. A future researcher may need to recruit pairs of participants who know each other and have guided each other in the past. This may enable both participants and researchers to quickly understand each other's uniqueness not only as a participant in the client's role but also as a participant in the therapist's role.

Future research may need to consider how GIM guides experienced the GIM reimaging sessions, since the researcher in the present study did not consider how the GIM guides might have affected participants' experience. The researcher's difficulty with the recruiting process of GIM guides was much harder than that of recruiting participants. The GIM guides who refused to participate in this research mentioned how burdened they felt to assume the role of GIM guide. To participate as a GIM guide would mean to take charge of the participants as well as the researcher. Their burden might have influenced the participants' imagery experience.

The researcher recommends considering the GIM therapists' countertransference resistance during their GIM sessions. To focus more on the therapist's value, there should also be more interviews with the participants. Although the reflection phase was helpful to remind the participants of the contents and enabled participants to ensure or discover their insights, the

researcher did not have the chance to gain information about the participants' nuanced and nonverbal expressions.

Summary

This study examined how Korean professional GIM therapists understood their clients' resistance. Their imagery experiences enabled participants to identify how their personal issues in their life have affected their perceptions to their clients' resistance.

According to participants' descriptions about their clients' resistance and their imagery experience, they seemed to understand both intrapsychic and interpersonal characteristics of resistance, and their understandings about their clients' resistance could affect their attitude and interventions toward their clients.

The parallel relationships between GIM sessions and GIM reimagining sessions open the possibility to apply the GIM reimagining session as the form of GIM supervision. This application led participants to assess their clients' resistance as it is and realize that the resistance is the natural step of the therapy process. The parallel relationships between their clinical work and their imagery experience in GIM reimagining sessions enabled them to re-experience their therapeutic alliance with clients.

This study can offer a fundamental source to develop a training course for professional GIM therapists as well as GIM trainees to improve their competency to work with their clients' resistance.

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Appendix A

Cover Letter

Jung Pyo Moon, Expressive Therapies PhD student in Lesley University
Tel) 82-10-4149-6723
E-mail: musicremedy@gmail.com
Faculty advisor: Michele Forinash
E-mail: forinasm@lesley.edu

Dear GIM fellows,

I request your participation in a study I am conducting as part of the requirements for my PhD in Expressive Therapies. The title of this qualitative study is “The imagery experience of the therapists of the Bonny Method of Guided Imagery and Music regarding their clients’ resistance.”

The purpose of the study is to examine participants’ experience of their imagery whose focus will be their clients’ resistance. The main object is to highlight how GIM fellows understand their clients’ resistance and how they use their imagery experience to understand their clients’ resistance.

Thank you for giving me your address. Please read the two consent forms and send them back before December 15, 2018, using the enclosed self-addressed envelope.

If you have any questions about this study, please feel free to contact me at 010-4149-6723. You may also contact my advisor at forinasm@lesley.edu with any questions about ethical issues.

If you wish further information regarding your rights as a research subject, you may contact the office of the Vice Provost for Research of Lesley University by phoning

Thank you in advance for your time.

Jung Pyo Moon

Appendix B

Informed Consent

You are invited to participate in the research project titled “The Imagery Experience of the Therapists of the Bonny Method of Guided Imagery and Music (GIM) Regarding Their Clients’ Resistance.” The intent of this research is to examine how GIM therapists (GIM fellows) and practitioners recognize, feel, and understand their clients’ resistance by exploring their imagery in the adapted form of GIM.

Your participation will entail responding to the researcher’s communications, scheduling a GIM reimagining session, and requesting a reflection note via email. You will receive an email, a phone call, two pieces of mail with a cover letter, and two consent forms for participation in this study.

Regarding scheduling of the GIM reimagining session, after the selection of participants, I will telephone you to set up the GIM one-on-one session. The GIM session will take 60-90 minutes. Scheduling will be at your convenience.

In the GIM session, the therapist (guide) will ask you about your client who showed resistance during GIM sessions. The therapist will only ask you how your client presented resistance during GIM sessions and how you thought and felt about your client’s resistance. The therapist will follow the protocol of the reimagining technique which Bruscia (1998e) developed to monitor GIM therapists’ countertransference. According to the protocol, the therapist (GIM fellow) can ask you what music program you want to use for your GIM session. You can use the music program which you used for the client you picked for your GIM session or select a music program which you feel reflects your thoughts and feelings about your client’s resistance.

After the GIM session, I, the researcher, will ask you to write down how you think about your imagery experience. This redescription transcript need not be any longer than two pages. You will be asked to send your writing via email to the researcher.

Also, you are free to choose not to participate in the research and to discontinue your participation in the research at any time without facing any negative consequences. Identifying details will be kept confidential by the researcher. Data collected will be coded with a pseudonym, the participant's identity will never be revealed by the researcher, and only the researcher will have access to the data collected.

Any of your questions will be answered at any time, and you are free to consult with anyone (i.e., friend, family) about your decision to participate in the research and to discontinue your participation.

Participation in this research poses as much risk as a typical GIM session. If any problem in connection to the research arises, you can contact the researcher, Jung Pyo Moon, at 010-4149-6723 and by email at musicremedy@gmail.com or my Lesley University sponsoring faculty member, Michele Forinash by email at forinasm@lesley.edu.

The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision).

I am 18 years of age or older. My consent to participate has been given of my own free will and I understand all that is stated above. I will receive a copy of this consent form.

Participant's signature

Date

Researcher's signature Date

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairpersons at irb@lesley.edu.

Appendix C

Permission to Audiotape

Investigator's Name: Jung Pyo Moon

Department: Expressive Therapies PhD Student in Lesley University

Project Title: The imagery experience of the therapists of the Bonny Method of Guided Imagery and Music regarding their clients' resistance

Subject: Date:

Log #:_

I give Jung Pyo Moon permission to audiotape me, and I understand that these audiotapes will be kept for three years and then destroyed. The audiotapes will be used only for the following purpose:

X RESEARCH

The audiotapes will be used as part of a research project at Lesley University. I have already given written consent for my participation in this research project. At no time will my name be used.

WHEN WILL I BE AUDIOTAPED?

I agree to be audiotaped during the period:
to .

HOW LONG WILL THE TAPES BE USED?

I give my permission for these tapes to be used from:
to .

WHAT IF I CHANGE MY MIND?

I understand that I can withdraw my permission at any time. Upon my request, the audiotape(s) will no longer be used. This will not affect my care or relationship with Lesley University or Jung Pyo Moon in any way.

OTHER

I understand that I will not be paid for being audiotaped or for the use of the audiotapes.

FOR FURTHER INFORMATION

If I want more information about the audiotapes, or if I have questions or concerns at any time, I can contact:

Investigator's Name: Jung Pyo Moon

Department: Expressive Therapies PhD student

Institution: Lesley University

Street Address: 101 dong, 502 ho, 25, Hakdong-ro 82-gil, Gangnam-gu

City: Seoul State: South Korea

Zip Code 06084

Phone: Office 82-10-4149-6723 Home 82-10-4149-6723

This form will be placed in my records, and a copy will be kept by the person(s) named above. A copy will be given to me.

Please print

Subject's Name:

Date: _

Address:

Phone: _

Subject's Signature: _

Witness Signature

Date

Witness Signature

Date

Appendix D

Protocol for the therapist of GIM reimaging session

1. Preliminary conversation
 - A. Information gathering about the client of the participant
 - i. Age and gender
 - ii. The objective of GIM session (GIM intention) – the needs of participant’s client
 - iii. The imagery characteristics of participant’s client
 - iv. The resistance of participant’s client
 1. Can you tell me about your client’s resistance?
 2. How did you see your client’s resistance? What did you think was the meaning of your client’s resistance?
 3. When do you think your client showed the resistance among the preliminary conversation, induction, music and imagery experience, and postlude discussion?
 4. When is the most vivid moment you felt your client’s resistance? – This question is to set up the starting imagery for the GIM reimaging session. The participant will explore his or her imagery starting from the scene when the client’s resistance seemed to appear.
 - B. Music program selection
 - i. What music program do you think is the most appropriate for your starting imagery?
 1. Can you select one music program for your GIM session?
 2. Do you want to use the music program you used when you recognized your client’s resistance?
 - C. Induction
 - i. Do you have a preferred method of induction?
 - D. Music-imagery experience – Standard intervention as the GIM therapist in conducting his or her GIM session
 - E. The step of postlude discussion and reflection
 - i. How did your conceptualization influence your work as a GIM therapist in working with the client?
 1. How did your conceptualization affect your
 - A. Selection of music program?
 - B. Selection of Intervention?
 - C. Other?
 2. How did you feel while writing your reflection note?